PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 30 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 001
Local Reg. No. 15
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1156 East Center

3. CHILD'S NAME (Type or Print): Infant Boy Christensen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 1, 1953

7. FATHER'S NAME
a. (First): Richard
b. (Middle): Devar
c. (Last): Christensen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Downey, Ida.

11a. USUAL OCCUPATION: Painter

11b. KIND OF BUSINESS OR INDUSTRY: State Hi-way Dept.

12. MOTHER'S MAIDEN NAME
a. (First): Virginia
b. (Middle):
c. (Last): Bright

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Downey, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Virginia Christensen, Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 9 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date y 54.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None.

20b. MATERNAL CAUSES: Cephalopelvic Disproportion.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Persistent Occiput Posterior; Large Infant

22. STATE ALL OPERATIONS FOR DELIVERY: Low Forceps Rotation & Extraction.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:04 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify M.D., D.O., midwife, or other): R. L. Allen, M.D.

23b. DATE SIGNED: Jan. 12th, 1953

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: JAN 3 1953

25c. NAME OF CEMETERY OR CREMATORY: DOWNEY CEMETERY

25d. LOCATION (City, town, or county) (State): DOWNEY IDAHO

DATE REC'D BY LOCAL REG.: JAN 26 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: HALL GRANT MORTUARY

ADDRESS: POCATELLO, IDAHO

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED FEB 2 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 002
Local Reg. No. 1
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 516 Superior St.

3. CHILD'S NAME (Type or Print): Baby Girl Snedden

4. SEX: Fe.

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 20, 1953

7. FATHER'S NAME: a. (First) Angus b. (Middle) P. c. (Last) Snedden

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Spokane, Washington

11a. USUAL OCCUPATION: Dentist

11b. KIND OF BUSINESS OR INDUSTRY: Dentist

12. MOTHER'S MAIDEN NAME: a. (First) Evelyn b. (Middle) Mae c. (Last) Partridge

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Spokane, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1.
b. How many children were born alive but are now dead? 1.
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? /

17. INFORMANT: A. P. Snedden

18a. LENGTH OF PREGNANCY: 36 1/2 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date August 1952 Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Abruptio placenta & Convulsive uterus.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Poliomyelitis

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarian Section.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Wilbur C. Hayden M.D.

23b. DATE SIGNED: 1/23/53

23c. ATTENDANT'S ADDRESS: Sandpoint

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Rem.

25b. DATE: 1-20-53

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Jan. 24-1953

REGISTRAR'S SIGNATURE: Merlene Oates

26. FUNERAL DIRECTOR ADDRESS

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PUBLIC HEALTH SERVICE

RECEIVED
FEB 3 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 003
Local Reg. No. 20
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 460 Freeman ave

3. CHILD'S NAME (Type or Print) Infant Walker

4. SEX Female
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year) January 16, 1953

7. FATHER'S NAME a. (First) John b. (Middle) J. c. (Last) Walker
8. COLOR OR RACE White

9. AGE (At time of this birth) 26 YEARS
10. BIRTHPLACE (State or foreign country) Ammon, Idaho
11a. USUAL OCCUPATION Truck Driver
11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) La Preal b. (Middle) Thornton c. (Last)
13. COLOR OR RACE White

14. AGE (At time of this birth) 25 YEARS
15. BIRTHPLACE (State or foreign country) Pinsdale, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT John J. Walker

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1/31/1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Still birth - term
20b. MATERNAL CAUSES Influenza - Jan 1953

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE [illegible] (Specify M. D., midwife, or other) MD
23b. DATE SIGNED 1/19/53
23c. ATTENDANT'S ADDRESS Idaho Falls, Ida
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 1/17/53
25c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery
25d. LOCATION (City, town, or county) (State) Ammon, Idaho

DATE REC'D BY LOCAL REG. Jan. 29-1953
REGISTRAR'S SIGNATURE Anna Bridgen
26. FUNERAL DIRECTOR Jack A. Wood
ADDRESS Idaho Falls Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

State File No. 004
Local Reg. No. 17
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospt.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Carson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 20 1953.

7. FATHER'S NAME: a. (First) Joseph b. (Middle) Grant c. (Last) Carson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Homedale Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Elizabeth b. (Middle) Jo. c. (Last) Snell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country):

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: J. G. Carson Father.

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date June 1952 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Nil

22. STATE ALL OPERATIONS FOR DELIVERY: Nil

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: Jan 20, 1953

23c. ATTENDANT'S ADDRESS: Homedale Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan. 21, 1953

25c. NAME OF CEMETERY OR CREMATORY: Wilder

25d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 1-28-53

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR ADDRESS: Peckham-Dalton Chapel [signature] Caldwell, Idaho

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PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED JAN 17 1953 DIVISION OF VITAL STATISTICS

State File No. 005
Local Reg. No.
Reg. Dist. No. 210

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Riverside Rt. 6

3. CHILD'S NAME (Type or Print): Baby Girl Richardson

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 1-9-1953

7. FATHER'S NAME
a. (First): Joe
b. (Middle):
c. (Last): Richardson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

11a. USUAL OCCUPATION: Sawmill operator

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME
a. (First): Bertha
b. (Middle):
c. (Last): Fehling

13. COLOR OR RACE: White

14. AGE (At time of this birth): 46 YEARS

15. BIRTHPLACE (State or foreign country): Gifford, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 3
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT
X Joe Richardson Orofino

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: May 21, 1952 Y 39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:20 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): P. J. Hoffmis M.D.

23b. DATE SIGNED: 1/10/53

23c. ATTENDANT'S ADDRESS: Orofino Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-10-1953

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-10-53

REGISTRAR'S SIGNATURE: Vernon E. Dailey

26. FUNERAL DIRECTOR: W. E. Gilbert

ADDRESS: Orofino, Idaho

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PUBLIC HEALTH SERVICE

RECEIVED JAN 29 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 006
Local Reg. No. 1
Reg. Dist. No. 3 8 0

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE, IDA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSP., MT. HOME AFB, IDA

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 257 BENNETT HOUSING

3. CHILD'S NAME (Type or Print): THEODORE LEWIS CHAPMAN

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): JAN 13 53

7. FATHER'S NAME a. (First): RICHARD b. (Middle): BROOKSVILLE c. (Last): CHAPMAN

8. COLOR OR RACE: CAUCASIAN

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): NEW YORK, NEW YORK

11a. USUAL OCCUPATION: USAF (OFFICER)

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME a. (First): MARY b. (Middle): ELIZABETH c. (Last): FARRELL

13. COLOR OR RACE: CAUCASIAN

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): [illegible], CHESHIRE

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: TWO
b. How many children were born alive but are now dead?: NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: NONE

17. INFORMANT: Richard B. Chapman (FATHER)

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No..... X
Approximate date JUNE 1952

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: COLD AROUND NECK AND TRAUMATIC DELIVERY (CEREBRAL HEMORRHAGE)

20b. MATERNAL CAUSES: CERVICAL PELVIC DYSTOCIA

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: ATTEMPT FORCEPS - CESAREAN SECTION

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:50 *A.m.*

23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other): John M. Bulah M.D.

23b. DATE SIGNED: 13 JAN 53

23c. ATTENDANT'S ADDRESS: MT. HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-15-1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Mountain Home Ida

DATE REC'D BY LOCAL REG.: Jan 16, 1953

REGISTRAR'S SIGNATURE: A. E. Anderson

26. FUNERAL DIRECTOR: D. A. Stevenson

ADDRESS: Mt Home

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED FEB 7 1953 DIVISION OF VITAL STATISTICS

State File No. 007
Local Reg. No. 14
Reg. Dist. No. 540

1. PLACE OF STILLBIRTH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 24 East 5th South

3. CHILD'S NAME (Type or Print) BABY BOY TALBOT

4. SEX Male
5a. THIS BIRTH SINGLE ☐ TWIN ☒ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born) 1ST ☑ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 3, 1953.

7. FATHER'S NAME a. (First) LeRay b. (Middle) Orville c. (Last) Talbot
8. COLOR OR RACE White

9. AGE (At time of this birth) 28 YEARS
10. BIRTHPLACE (State or foreign country) Preston, Idaho.
11a. USUAL OCCUPATION Sherriff
11b. KIND OF BUSINESS OR INDUSTRY Franklin County

12. MOTHER'S MAIDEN NAME a. (First) Royla b. (Middle) Perkins c. (Last) Talbot
13. COLOR OR RACE White

14. AGE (At time of this birth) 26 YEARS
15. BIRTHPLACE (State or foreign country) Dayton, Idaho.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT LeRay O Talbot Preston Idaho

18a. LENGTH OF PREGNANCY 38 WEEKS
18b. WEIGHT AT BIRTH 5 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date Y38.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Hydrocephalus
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY Version Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) C. R. Cutler MD
23b. DATE SIGNED 1-5-53
23c. ATTENDANT'S ADDRESS Preston Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 1-5-53
25c. NAME OF CEMETERY OR CREMATORY Preston
25d. LOCATION (City, town, or county) (State) Preston, Idaho.

DATE REC'D BY LOCAL REG. 1-5-53
REGISTRAR'S SIGNATURE Effie M. Brower
26. FUNERAL DIRECTOR Herman J. Richards
ADDRESS Preston Idaho.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

JAN 21 1953

State File No. 608
Local Reg. No. 3
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARY SECOR HOSPITAL ~~Mounted Route~~

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. CHILD'S NAME (Type or Print): Kenneth Lloyd Rolland

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 13, 1953

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Keith c. (Last) Rolland

8. COLOR OR RACE: white

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Emmett, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: State Highway

12. MOTHER'S MAIDEN NAME: a. (First) Leona b. (Middle) Pearl c. (Last) Ford

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Bay City, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: x Kenneth Keith Rolland

18a. LENGTH OF PREGNANCY: 33 WEEKS

18b. WEIGHT AT BIRTH: approx 8 lbs. ~~LBS.~~ ~~OZS.~~

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date November, 1952 Y 36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Placenta abruptio

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta abruptio

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Quentin E. Howard M D

23b. DATE SIGNED: Jan 19, 1953

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Jan. 15, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverside

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19, 1953

REGISTRAR'S SIGNATURE: Jean A. Batty

26. FUNERAL DIRECTOR: Glenn W. Beatty

ADDRESS: Beatty Chapel Emmett, Idah

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

JAN 21 1953 State of Idaho

State File No. 609
Local Reg. No. 5
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Virginia Inez Harp

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 15, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) Melvin c. (Last) Harp

8. COLOR OR RACE: white

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Logger

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME: a. (First) Dixie b. (Middle) Lea c. (Last) Banks

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Emmett, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Glenn M. Hart

18a. LENGTH OF PREGNANCY: 7 Mo. ~~WEEKS~~

18b. WEIGHT AT BIRTH: 5 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y32.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Toxemia and anoxia

20b. MATERNAL CAUSES: Late toxemia of Pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia Late Pregnancy

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. R. Goodwin M. D.

23b. DATE SIGNED: 18 Jan. 1953

23c. ATTENDANT'S ADDRESS: Emmett, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Jan. 17, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverside

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

26. FUNERAL DIRECTOR: Glenn M. Hart ADDRESS: Beatty Chapel Emmett, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
FEB 9 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 010
Local Reg. No. 8
Reg. Dist. No. 340-344

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 6th and hays

3. CHILD'S NAME (Type or Print): Baby Basabe

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 29, 1953

7. FATHER'S NAME: a. (First) George b. (Middle) c. (Last) Basabe

8. COLOR OR RACE: white

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Emmett, Idaho

11a. USUAL OCCUPATION: mill laborer

11b. KIND OF BUSINESS OR INDUSTRY: lumber

12. MOTHER'S MAIDEN NAME: a. (First) Elsie b. (Middle) May c. (Last) Powell

13. COLOR OR RACE: white

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Canon City, Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Thelma Powell.

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown

20b. MATERNAL CAUSES: unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: pulpitate

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ronald P. Lawlum MD

23b. DATE SIGNED: 2/6/53

23c. ATTENDANT'S ADDRESS: Emmett Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Jan. 31, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverside

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 6, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

26. FUNERAL DIRECTOR: Beatty Funeral Home

ADDRESS: Emmett, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 15 1953
DIVISION OF VITAL

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 611
Local Reg. No. 3
Reg. Dist. No. 64

1. PLACE OF STILLBIRTH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hendricks Maternity Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamer
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Vienna Jean Davies

4. SEX Female

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Jan. (Day) 9, (Year) 1953

7. FATHER'S NAME a. (First) Peter b. (Middle) ALlen c. (Last) Davies

8. COLOR OR RACE White

9. AGE (At time of this birth) 29 YEARS

10. BIRTHPLACE (State or foreign country) Idaho

11a. USUAL OCCUPATION Farming

11b. KIND OF BUSINESS OR INDUSTRY Farming

12. MOTHER'S MAIDEN NAME a. (First) Juanita b. (Middle) c. (Last) Davids

13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Peter Allen Davis

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date June 21, 1952 Y37.8

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Hemorrhage into the umbilical cord

20b. MATERNAL CAUSES none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none

22. STATE ALL OPERATIONS FOR DELIVERY none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Asael Hall, M.D.

23b. DATE SIGNED Jan. 13, 1953

23c. ATTENDANT'S ADDRESS Rigby, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

25b. DATE 1-10-1953

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG. 1/12/53

REGISTRAR'S SIGNATURE Mrs A B Eckersell

26. FUNERAL DIRECTOR Bruce A. Eckersell

ADDRESS Rigby, Idaho.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

JAN 31 1953

State File No. 012
Local Reg. No. 6
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Apt 1A West 6th Village

3. CHILD'S NAME (Type or Print): Steven Mark Salamun

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: Jan 15 1953

7. FATHER'S NAME: a. (First) Jerry b. (Middle) c. (Last) Salamun

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Yugoslovia

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Cornelia b. (Middle) c. (Last) Katusich

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Yugoslavia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Jerry Salamun

18a. LENGTH OF PREGNANCY: Full-term WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 5/26/52

Y34.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Right occipito-posterior with pro-longed labor.

20b. MATERNAL CAUSES: Toxemia pregnancy & pro-longed labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia & prolonged labor.

22. STATE ALL OPERATIONS FOR DELIVERY: Baby rotated from occipito-posterior to occipito-anterior after full dilatation.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:45 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Lorney J. Klaarum MD

23b. DATE SIGNED: 1/23/53

23c. ATTENDANT'S ADDRESS: Moscow, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-17-1953

25c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

25d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 1/27/53

REGISTRAR'S SIGNATURE: Laird E. Angell

26. FUNERAL DIRECTOR: H R Short

ADDRESS: Moscow, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

JAN 21 1953

State File No. 8 C13
Local Reg. No. 3
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 20 West 3rd South

3. CHILD'S NAME (Type or Print): Linda Diana Umphrey

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 13, 1953

7. FATHER'S NAME: a. (First) Lon b. (Middle) A. c. (Last) Umphrey

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Clementsville Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: City of Rexburg

12. MOTHER'S MAIDEN NAME: a. (First) Viola b. (Middle) E. c. (Last) Burrell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Plano, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Three
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Lon A. Umphrey

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: Not weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Sept. 1952 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Manual Removal of placenta

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30 A. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Blanche Carey M.D.

23b. DATE SIGNED: 1-15-53

23c. ATTENDANT'S ADDRESS: Rexburg

[ ] NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1/14/53

25c. NAME OF CEMETERY OR CREMATORY: Rexburg,

25d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 1/16/53

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Kenneth B. Flamm ADDRESS: Rexburg

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015
Local Reg. No. 1
Reg. Dist. No. 450

RECEIVED FEB 14 1953 DIVISION OF VITAL

1. PLACE OF STILLBIRTH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 824 G Street

3. CHILD'S NAME (Type or Print) Parr

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Jan (Day) 13, (Year) 1953

7. FATHER'S NAME a. (First) J. b. (Middle) Melvin c. (Last) Parr

8. COLOR OR RACE White

9. AGE (At time of this birth) 32 YEARS

10. BIRTHPLACE (State or foreign country) Garden Grove, Calif.

11a. USUAL OCCUPATION Farmer

11b. KIND OF BUSINESS OR INDUSTRY Agriculture

12. MOTHER'S MAIDEN NAME a. (First) Barbara b. (Middle) Anne c. (Last) Campbell

13. COLOR OR RACE White

14. AGE (At time of this birth) 31 YEARS

15. BIRTHPLACE (State or foreign country) Garden Grove, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT Mrs. Melvin Parr

18a. LENGTH OF PREGNANCY 26 WEEKS

18b. WEIGHT AT BIRTH 2 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 1/16/53 y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
Compression of umbilical cord against head during labor

20b. MATERNAL CAUSES
Premature rupture of membranes.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
Influenza

22. STATE ALL OPERATIONS FOR DELIVERY
None (breech delivery)

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:30 A. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Carroll M. Elmore M.D.

23b. DATE SIGNED 1/26/53

23c. ATTENDANT'S ADDRESS Rupert, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) burial

25b. DATE Jan. 17-53

25c. NAME OF CEMETERY OR CREMATORY Tifert

25d. LOCATION (City, town, or county) Rupert (State) Ida

DATE REC'D BY LOCAL REG. 1/26/53

REGISTRAR'S SIGNATURE E. R. Elmore

26. FUNERAL DIRECTOR Rodney Goodman

ADDRESS Rupert

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED JAN 30 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015
Local Reg. No. 9
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: NezPerce Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTON Stites
d. STREET ADDRESS (If rural, give location): P. O. box 103

3. CHILD'S NAME (Type or Print): BABY GIRL SLICKPOO

4. SEX: Female

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 1--19-53

7. FATHER'S NAME
a. (First): Aloysius
b. (Middle):
c. (Last): Slickpoo

8. COLOR OR RACE: Indain

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Culdesac, Idaho

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Betsy
b. (Middle):
c. (Last): Morris

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): North Carolina

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Stites, Idaho
Aloysius Slickpoo

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y31.3

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Toxemia of Pregnancy - induced by upper respiratory infection

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other): M. McRae M.D.

23b. DATE SIGNED: 1-23-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-24-53

25c. NAME OF CEMETERY OR CREMATORY: Slickpoo Cemetery

25d. LOCATION (City, town, or county) (State): Mission, Idaho

DATE REC'D BY LOCAL REG. Jan 26, 1953

REGISTRAR'S SIGNATURE Jean Weydeline

26. FUNERAL DIRECTOR: Brower-Wann by K. H. Malcom

ADDRESS: Lewiston, Ida.

Form DPH-48020

Dr. M. McRae

016

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.....
Local Reg. No. 1
Reg. Dist. No. 46

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Rt #2

3. CHILD'S NAME (Type or Print)

4. SEX: Fe
5a. THIS BIRTH: SINGLE [✓] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): 1 - 9 - 53

7. FATHER'S NAME: a. (First) Lewis b. (Middle) Marion c. (Last) Mathes
8. COLOR OR RACE: white

9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country): Kansas
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Louise c. (Last) Mathes
13. COLOR OR RACE: white

14. AGE (At time of this birth): 26 YEARS
15. BIRTHPLACE (State or foreign country): Mass.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: X Mrs. Lewis Mathes

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date: 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): L. E. Mussmann M.D.
23b. DATE SIGNED: 1/10/53
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)
25b. DATE
25c. NAME OF CEMETERY OR CREMATORY
25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 29 1953
REGISTRAR'S SIGNATURE: Donna Lind
26. FUNERAL DIRECTOR
ADDRESS

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED FEB 4 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 3
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mag

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Rt. # 3 Twin Falls

3. CHILD'S NAME (Type or Print) Bennett, Baby Girl

4. SEX Female

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan 13 53

7. FATHER'S NAME a. (First) Albert b. (Middle) — c. (Last) Bennett, Jr.

8. COLOR OR RACE White

9. AGE (At time of this birth) 3 YEARS

10. BIRTHPLACE (State or foreign country) Idaho

11a. USUAL OCCUPATION Electronics Tech.

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Carol b. (Middle) — c. (Last) Bean

13. COLOR OR RACE White

14. AGE (At time of this birth) 20 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT Albert Bennett Jr.

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No .....
Approximate date y 36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Obstruction of cord - about neck in utero 3X

20b. MATERNAL CAUSES None -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Face - posterior - cephalic presentation

22. STATE ALL OPERATIONS FOR DELIVERY Low Cervical Cesarean

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Joseph W. Marshall M.D.

23b. DATE SIGNED 1-13-53

23c. ATTENDANT'S ADDRESS Twin Falls Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 29 1953

REGISTRAR'S SIGNATURE Thomas Rice

26. FUNERAL DIRECTOR ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 618
Local Reg. No. 2
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 447 Bracken St

3. CHILD'S NAME (Type or Print): Nielsen, Baby Boy

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 1-13-53

7. FATHER'S NAME: a. (First) John b. (Middle) Richard c. (Last) Nielsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Painter

11b. KIND OF BUSINESS OR INDUSTRY: Stewart Bros.

12. MOTHER'S MAIDEN NAME: a. (First) Helen b. (Middle) Harriet c. (Last) Hall

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Ann R. Nielsen

18a. LENGTH OF PREGNANCY: 6 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 1-13-53

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State): Twin Falls

DATE REC'D BY LOCAL REG. JAN 29 1953

REGISTRAR'S SIGNATURE: Alma Smith

26. FUNERAL DIRECTOR

ADDRESS

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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FEB 26 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 019
Local Reg. No. 66
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH a. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Ada c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. STREET ADDRESS (If rural, give location): 2320 Ormond St.

3. CHILD'S NAME (Type or Print): Infant Poe

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Feb 18th 1953

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Percy	S.	Poe	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Wendell Idaho	Carpenter	

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Dorothea	Julia	Wentz	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	California	3	0	0

17. INFORMANT: Percy S. Poe Boise Idaho

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes ___ No ___ Approximate date
33 WEEKS	? LBS. OZS.	Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Complete premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: as above

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Rene Reynolds MD

23b. DATE SIGNED: 2-21-53

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	Feb. 21. 1953	Morris Hill. Cemetery.	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
2-24-53	Myrtle Palmer	Schreiber-McCann-Gibson.	Boise Idaho

J. T. McCann

Form DPH-48020

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MAR 4 1953
DIVISION OF VITAL STATISTICS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 020
Local Reg. No. 75
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 1511 N. 14TH

3. CHILD'S NAME (Type or Print) INFANT MALE

4. SEX M
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year) 2-24-53.

7. FATHER'S NAME a. (First) HUGH b. (Middle) CLINTON c. (Last) MILLER
8. COLOR OR RACE WHITE

9. AGE (At time of this birth) 47 YEARS
10. BIRTHPLACE (State or foreign country) NEBR.
11a. USUAL OCCUPATION SALESMAN
11b. KIND OF BUSINESS OR INDUSTRY INSURANCE

12. MOTHER'S MAIDEN NAME a. (First) ELMA b. (Middle) VIRGINIA c. (Last) MILLER
13. COLOR OR RACE WHITE

14. AGE (At time of this birth) 40 YEARS
15. BIRTHPLACE (State or foreign country) WASHINGTON

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT Hugh Clinton Miller

18a. LENGTH OF PREGNANCY 28 WEEKS
18b. WEIGHT AT BIRTH 5 LBS. 8 OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date NOVEMBER 1952 Y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Unknown — (Infant dead 3 wks pre-
20b. MATERNAL CAUSES Unknown — Delivery)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None except infant death.
22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Robert W. Brooks M.D.
23b. DATE SIGNED 2/25/53
23c. ATTENDANT'S ADDRESS Boise, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
25b. DATE 2/28/53
25c. NAME OF CEMETERY OR CREMATORY St Lukes Hospital
25d. LOCATION (City, town, or county) (State) Boise Idaho

date corrected
Eva Mason

DATE REC'D BY LOCAL REG. 3-3-53
REGISTRAR'S SIGNATURE Myrtle Palmer
26. FUNERAL DIRECTOR John B Ross, Administrator
ADDRESS St Lukes Hospital

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
FEB 25 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 021
Local Reg. No. 9
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY: Bennewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Maries Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bennewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Infant Pratt

4. SEX: Female

5a. THIS BIRTH: SINGLE ✓ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 2 8 1953

7. FATHER'S NAME: a. (First) George b. (Middle) A. c. (Last) Pratt

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Detroit South Dakota

11a. USUAL OCCUPATION: Bartender

11b. KIND OF BUSINESS OR INDUSTRY: Tavern

12. MOTHER'S MAIDEN NAME: a. (First) Pearl b. (Middle) M. c. (Last) Pratt

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Wisconsin

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: George A. Pratt

18a. LENGTH OF PREGNANCY: approx 7 months

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? (Yes.) No.
Approximate date: Dec 52 Y36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation of Placenta

20b. MATERNAL CAUSES: Placenta Previa.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Sullivan M.D.

23b. DATE SIGNED: 9 Feb 53

23c. ATTENDANT'S ADDRESS: St Maries Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-10-53

25c. NAME OF CEMETERY OR CREMATORY: Woodlawn

25d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 2-13-53

REGISTRAR'S SIGNATURE: Esper E. Brebner

26. FUNERAL DIRECTOR: Gerald E. Browning

ADDRESS: St Maries Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED MAR 4 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 672
Local Reg. No. 2
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Montana
b. COUNTY: Sanders
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noxon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Pearl Leigh Olver

4. SEX: Fe.
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 16, 1953

7. FATHER'S NAME: a. (First) Perly b. (Middle) Grey c. (Last) Olver
8. COLOR OR RACE: W.

9. AGE (At time of this birth): 21 YEARS
10. BIRTHPLACE (State or foreign country): Noxon, Montana
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Janice b. (Middle) Leigh c. (Last) Jones
13. COLOR OR RACE: W.

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Bellingham, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Janie Olve - Mother

18a. LENGTH OF PREGNANCY: 30 WEEKS
18b. WEIGHT AT BIRTH: 2 LBS. 3 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 9-5-52 Y31.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Undetermined
20b. MATERNAL CAUSES: Pub. measles

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John W. Smith MD
23b. DATE SIGNED: 2-21-53
23c. ATTENDANT'S ADDRESS: 1 1/2 N. Third Ave., Sandpoint, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
25b. DATE: 2-16-53
25c. NAME OF CEMETERY OR CREMATORY
25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Feb. 27-1953
REGISTRAR'S SIGNATURE: Merlene Oates
26. FUNERAL DIRECTOR
ADDRESS

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAR 11 1953

State of Idaho

State File No.
Local Reg. No. 11
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH
a. COUNTY Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Driggs
d. STREET ADDRESS (If rural, give location) R.F.D. - Box 344

3. CHILD'S NAME (Type or Print) Infant Harris.

4. SEX Female
5a. THIS BIRTH SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) Feb. (Day) 24 (Year) 1953

7. FATHER'S NAME a. (First) Shirley b. (Middle) H. c. (Last) Harris.
8. COLOR OR RACE White

9. AGE (At time of this birth) 25 YEARS
10. BIRTHPLACE (State or foreign country) Cache Idaho
11a. USUAL OCCUPATION Farmer
11b. KIND OF BUSINESS OR INDUSTRY Farm

12. MOTHER'S MAIDEN NAME a. (First) Nola b. (Middle) c. (Last) Hustin
13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS
15. BIRTHPLACE (State or foreign country) Driggs, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Shirley H. Harris.

18a. LENGTH OF PREGNANCY 36 WEEKS
18b. WEIGHT AT BIRTH 5 LBS. 10 OZS.
19. Was a standard serological test for syphilis performed? Yes [x] No [ ]
Approximate date November '52 y 39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Undetermined
20b. MATERNAL CAUSES Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None
22. STATE ALL OPERATIONS FOR DELIVERY None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE D.D.H. Jensen (Specify if M. D., midwife, or other) M.D.
23b. DATE SIGNED 2-24-53
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 2-24-53
25c. NAME OF CEMETERY OR CREMATORY Clawson - Cache
25d. LOCATION (City, town, or county) (State) Tetonia, Teton county Ida

DATE REC'D BY LOCAL REG. 2-24-53
REGISTRAR'S SIGNATURE Leona Flamm
26. FUNERAL DIRECTOR None
ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 22
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2404-7th Ave.

3. CHILD'S NAME (Type or Print): Tony Eugene Steckman

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 2-11-53

7. FATHER'S NAME: a. (First) Ernest b. (Middle) c. (Last) Steckman

8. COLOR OR RACE: white

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): no record

11a. USUAL OCCUPATION: U. S. Army

11b. KIND OF BUSINESS OR INDUSTRY: no record

12. MOTHER'S MAIDEN NAME: a. (First) Joanne b. (Middle) c. (Last) Piraino

13. COLOR OR RACE: white

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Lewiston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: + Mrs. W. J. Meshishnek

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Probable congenital abnormality as chief lead Polydactylism

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Wm. Pierce M.D.

23b. DATE SIGNED: 2/12/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 2-11-53

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Feb 18, 1953

REGISTRAR'S SIGNATURE: Jean Wegelins

26. FUNERAL DIRECTOR: O. Dassel

ADDRESS: Lewiston, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 025
Local Reg. No. 94
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho. b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 2119. North 31 Street.

3. CHILD'S NAME (Type or Print): JANNET. K. JONES.

4. SEX: Female.
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): March. 10.1953.

7. FATHER'S NAME: a. (First) Eldon b. (Middle) Thayne c. (Last) Jones.
8. COLOR OR RACE: White.

9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country): Sidney, Nebraska.
11a. USUAL OCCUPATION: Glazier.
11b. KIND OF BUSINESS OR INDUSTRY: Glass Glazier.

12. MOTHER'S MAIDEN NAME: a. (First) Grace b. (Middle) Ilene c. (Last) Thorson.
13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS
15. BIRTHPLACE (State or foreign country): North Dakota.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.

17. INFORMANT: Eldon Jones 2119 N 31 St Boise, Idaho

18a. LENGTH OF PREGNANCY: 34 WEEKS
18b. WEIGHT AT BIRTH: LBS. 1 OZS. 15
19. Was a standard serological test for syphilis performed? Yes. X No. ..... Approximate date Y32.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Placental Insufficiency of Toxemia
20b. MATERNAL CAUSES: (1) Toxemia of Pregnancy (2) Hypertensive Disease

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: As Above -
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert W. Brooks, M.D.
23b. DATE SIGNED: 3/13/53
23c. ATTENDANT'S ADDRESS: Boise, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: March. 11. 1953.
25c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park.
25d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 3-16-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR AND ADDRESS: Clyde E. Summers
Summers Funeral Home, Boise, Idaho

Form DPH-48020

Hawley

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 21 1953

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 026
Local Reg. No. 89
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1415 Fort St.

3. CHILD'S NAME (Type or Print): Patrick Allen Hawley

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Mar. 11th 1953

7. FATHER'S NAME: a. (First) James b. (Middle) H. c. (Last) Hawley Jr.

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Boise Idaho

11a. USUAL OCCUPATION: Insurance Salesman.

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Patricia b. (Middle) M. c. (Last) Miller

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Pheonix Arizona

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: James H. Hawley, Jr. Boise.

18a. LENGTH OF PREGNANCY: 29 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Oct. 1952

Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia, Anemia

20b. MATERNAL CAUSES: Partial separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Partial premature placental separation

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Margaretha Davis, M.D.

23b. DATE SIGNED: 3/12/53

23c. ATTENDANT'S ADDRESS: 320 Souna Bldg. Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Mar. 12.1953

25c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-13-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

J. T. McCann

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 027
Local Reg. No. 113
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain HOme
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Mary Ann Ascuena

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Mar. 16, 1953

7. FATHER'S NAME: a. (First) Eugenio b. (Middle) c. (Last) Ascuena

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Hagerman, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Aurora b. (Middle) c. (Last) Sillonis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Mountain Home, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs Blanche Roberson

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 14 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 4-36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: asphyxia due to Short cord & Occlusion from being wrapped around neck.

20b. MATERNAL CAUSES: 0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2.30 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Marc D. Gudmundsen MD

23b. DATE SIGNED: 3-24-53.

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Mar. 18, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG. 3-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Bey Mortuary by L. H. Harrison

ADDRESS: Mountain Home

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PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 028
Local Reg. No. 129
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonses

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): RFD 1 Nyssa Oregon

3. CHILD'S NAME (Type or Print): BABY CUTLER

4. SEX: M

5a. THIS BIRTH: SINGLE [*] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 3-29-1953

7. FATHER'S NAME: a. (First) Norman b. (Middle) E c. (Last) Cutler

8. COLOR OR RACE: W

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Utah

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY: Farm

12. MOTHER'S MAIDEN NAME: a. (First) Beth b. (Middle) C c. (Last) VanKomen

13. COLOR OR RACE: W

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Norman E Cutler

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov. 12, 1952. Y 38.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
1. Cystic right lung.
2. Defect of cardiac interatrial septum.

20b. MATERNAL CAUSES: Premature separation of placenta; premature labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Accidental fall of mother; about Mar. 15/53

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean section.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 *p. m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. L. Lewourbe M. D.

23b. DATE SIGNED: 4-3-53

23c. ATTENDANT'S ADDRESS: Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3/30/53

25c. NAME OF CEMETERY OR CREMATORY: Nyssa

25d. LOCATION (City, town, or county) (State): Nyssa Oregon

DATE REC'D BY LOCAL REG.: 4-11-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Elizabeth Summers
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

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PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 130
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus	d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Robert J. Helmbolt

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 30, 1953

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Edwin	Lewis	Helmbolt	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
38 YEARS	Eagle, Idaho	Painter	Railroad

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Etress	Irene	McCoy	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
33 YEARS	Missouri	1	0	0

17. INFORMANT
x Edwin L. Helmbolt Box 144 Star, Ida.

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes X No
38 WEEKS	7 LBS. 1 OZS.	Approximate date Feb 6, '53 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Prolapsed cord

20b. MATERNAL CAUSES None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
Prolapsed cord

22. STATE ALL OPERATIONS FOR DELIVERY
Mid-forceps: Duresen's Incisions.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:20 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harvey L. Smith MD

23b. DATE SIGNED 4/2/53

23c. ATTENDANT'S ADDRESS Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	3/31/53	Star	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
4-14-53	Myrtle Palmer	C. E. Alden McBratney-Alden	Boise, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED MAR 28 1953 DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030
Local Reg. No. 80
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route #1, North

3. CHILD'S NAME (Type or Print): Infant Girl Williams

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 8, 1953

7. FATHER'S NAME: a. (First) Lawrence b. (Middle) Alden c. (Last) Williams

8. COLOR OR RACE: White

9. AGE (At time of this birth): 51 YEARS

10. BIRTHPLACE (State or foreign country): Taylorsville, Utah

11a. USUAL OCCUPATION: Electrician

11b. KIND OF BUSINESS OR INDUSTRY: Westvaco

12. MOTHER'S MAIDEN NAME: a. (First) Alice b. (Middle) Meta c. (Last) Olivier

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Chicago, Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Three
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Lawrence Williams, Father

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 5 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 1/39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis

20b. MATERNAL CAUSES: none that I know of

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:45 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. W. Roberts M.D.

23b. DATE SIGNED: March 12, 1953

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: MAR 20 - 53

25c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CEMETERY

25d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: MAR 27 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: COLIN M. EDWARD HALL GRANT MORTUARY

ADDRESS: POCATELLO, IDAHO

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 031
Local Reg. No. 93
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1304 South Fifth

3. CHILD'S NAME (Type or Print): Max Lane Garvin

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) March (Day) 14, (Year) 1953

7. FATHER'S NAME
a. (First): MAX
b. (Middle): LANE
c. (Last): GARVIN

8. COLOR OR RACE: white

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Bellingham, Washington

11a. USUAL OCCUPATION: Manager

11b. KIND OF BUSINESS OR INDUSTRY: Rena Ware

12. MOTHER'S MAIDEN NAME
a. (First): Arlene
b. (Middle): Lenore
c. (Last): Cobb

13. COLOR OR RACE: white

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Walloway, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Arlene Garvin

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date August, 1952
Y36-2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:03 p *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 30 April '53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Mar. 16, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: APR 10 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Jack Henderson

ADDRESS: Pocatello, Idaho

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DIVISION OF VITAL STATISTICS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 6
Local Reg. No. 68
Reg. Dist. No. 60

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1265 Ada Ave.

3. CHILD'S NAME (Type or Print): Infant Chandler

4. SEX: Male

5a. THIS BIRTH: SINGLE [*] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 12, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) F. c. (Last) Chandler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Rigby, Idaho

11a. USUAL OCCUPATION: Laboratory Tech.

11b. KIND OF BUSINESS OR INDUSTRY: Medicine

12. MOTHER'S MAIDEN NAME: a. (First) Cleola b. (Middle) B. c. (Last) Grover

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Rigby, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Jim Chandler

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date X 36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Umbilical cord tumor

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph M Pickel MM

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2/13/53

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 7-53

REGISTRAR'S SIGNATURE: Anna Budgen

26. FUNERAL DIRECTOR: Jack A Wood, Jr

ADDRESS: Idaho Falls, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 033
Local Reg. No. 56
Reg. Dist. No. 6 / 6

1. PLACE OF STILLBIRTH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo
d. STREET ADDRESS (If rural, give location) Rte. #1

3. CHILD'S NAME *(Type or Print)* Baby Pierce

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): March 14, 1953

7. FATHER'S NAME: a. (First) Warren b. (Middle) Lewis c. (Last) Pierce
8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS
10. BIRTHPLACE (State or foreign country): Idaho
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Lourena b. (Middle) c. (Last) Hennig
13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country): Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Warren L Pierce

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes: X No.
Approximate date November 1953 Y361

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxemia
20b. MATERNAL CAUSES: Hemorrhage due to Placenta Previa.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa - Hemorrhage
22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gordon Hill M. D.
23b. DATE SIGNED: 3/19/53
23c. ATTENDANT'S ADDRESS: Rigby Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 3-16-1953
25c. NAME OF CEMETERY OR CREMATORY: Annis Little Butte
25d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: March 25-53
REGISTRAR'S SIGNATURE: Irma Bridges
26. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

MAR 31 1953 **State of Idaho**

State File No. 034
Local Reg. No. 127
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1343 Elba

3. CHILD'S NAME (Type or Print): Baby Mason

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 28, 1953

7. FATHER'S NAME: a. (First) Jack b. (Middle) Farrell c. (Last) Mason

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Garland, Utah

11a. USUAL OCCUPATION: Dispatcher

11b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Company

12. MOTHER'S MAIDEN NAME: a. (First) Yvonne b. (Middle) c. (Last) Nicholas

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Brigham City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Jack Mason Father

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov 10 1952 Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature Separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Hugh B. Dean M.D.

23b. DATE SIGNED: Mar 3-52

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: March 4 1953

25c. NAME OF CEMETERY OR CREMATORY: Brigham City

25d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG. March 4 1953

REGISTRAR'S SIGNATURE: [illegible] Nelson

26. FUNERAL DIRECTOR: J. Garth Payne - Burley

ADDRESS

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 035
Local Reg. No. 14
Reg. Dist. No. 650

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Graham

4. SEX: Male
5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): March 12th, 1953

7. FATHER'S NAME: Floyd Graham (a. First) (b. Middle) (c. Last)
8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS
10. BIRTHPLACE (State or foreign country): Vancouver B. C.
11a. USUAL OCCUPATION: School Teacher
11b. KIND OF BUSINESS OR INDUSTRY: Public Schools

12. MOTHER'S MAIDEN NAME: Idella (a. First) Smith (b. Middle) White (c. Last)
13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS
15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy) 0

17. INFORMANT: Floyd E. Graham St. Anthony, Ida

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 4-38.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital cardiac deformity in siblings.
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Anemia moderate
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. O. Brenton MD
23b. DATE SIGNED: 19 March 53
23c. ATTENDANT'S ADDRESS: St Anthony Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal
25b. DATE: March 14, 1953
25c. NAME OF CEMETERY OR CREMATORY: Clearfield
25d. LOCATION (City, town, or county) (State): Clearfield, Utah

DATE REC'D BY LOCAL REG.: 14 March 53
REGISTRAR'S SIGNATURE: Mal Hansen
26. FUNERAL DIRECTOR: Mal Hansen
ADDRESS: St. Anthony, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 036
Local Reg. No. 1
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 812 N 15 th St

3. CHILD'S NAME (Type or Print): Michael J Infant Baby Boy Mustard

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 3 (Day) 10 (Year) 53

7. FATHER'S NAME
a. (First): James
b. (Middle): J
c. (Last): Mustard

8. COLOR OR RACE: W

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Long Beach Calif

11a. USUAL OCCUPATION: Lineman

11b. KIND OF BUSINESS OR INDUSTRY: Phone Company

12. MOTHER'S MAIDEN NAME
a. (First): Joy
b. (Middle): L.
c. (Last): Peterson

13. COLOR OR RACE: W

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Bonners Ferry Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: James Mustard

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 1/39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: 3-11-53

23c. ATTENDANT'S ADDRESS: Coeur d'Alene Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 3-13-53

25c. NAME OF CEMETERY OR CREMATORY: Bonners Ferry

25d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: 3-13-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Yates
ADDRESS: Coeur d'Alene, Idaho
Gilbert Yates

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 037
Local Reg. No. 220
Reg. Dist. No. 210

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 3 Miles S. W. of Palouse

3. CHILD'S NAME (Type or Print): Stephen John Daily

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): March 17, 1953

7. FATHER'S NAME: a. (First) John b. (Middle) Gordon c. (Last) Daily
8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS
10. BIRTHPLACE (State or foreign country): Palouse, Wash.
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm

12. MOTHER'S MAIDEN NAME: a. (First) Eleanora b. (Middle) Gale c. (Last) Ohler
13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS
15. BIRTHPLACE (State or foreign country): Tensed, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: John J Daily

18a. LENGTH OF PREGNANCY WEEKS: Fullterm
18b. WEIGHT AT BIRTH: 7 LBS. 1 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Thrombosis of the vessels of the cord.
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:07 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D. M. Lochr MD
23b. DATE SIGNED: 3/19/53
23c. ATTENDANT'S ADDRESS: Moscow Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 3-18-53
25c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
25d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 3/20/53
REGISTRAR'S SIGNATURE: Lois E. Angel
26. FUNERAL DIRECTOR: R. E. Kimball
ADDRESS: Palouse, Wash.

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PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 038
Local Reg. No. 39
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Wash.
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palouse
d. STREET ADDRESS (If rural, give location): West Main Street

3. CHILD'S NAME (Type or Print): Carol Sue Bond

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 18, 1953

7. FATHER'S NAME: a. (First) Clarence b. (Middle) Irva c. (Last) Bond

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Altoona Kansas

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic

12. MOTHER'S MAIDEN NAME: a. (First) Ruth b. (Middle) c. (Last) Edwards

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Wamego Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Clarence I. Bond

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No. ✓
Approximate date: y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
11:47 A.M.

20a. FETAL CAUSES: Prolapse of cord

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hypertension - albuminuria

22. STATE ALL OPERATIONS FOR DELIVERY: Forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. W. Dubree M.D

23b. DATE SIGNED: 3/19/53

23c. ATTENDANT'S ADDRESS: Palouse, Wash

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3-19-53

25c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

25d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: 3/20/53

REGISTRAR'S SIGNATURE: Lois E. Angel

26. FUNERAL DIRECTOR: H. E. Kimball

ADDRESS: Palouse, Wash.

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APR 3 - 1953

DIVISION OF VITAL STATISTICS

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 039
Local Reg. No. 9
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rupert General hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert.
d. STREET ADDRESS (If rural, give location) 923 S. Street.

3. CHILD'S NAME (Type or Print) Jeffery Lee Galliher.

4. SEX Male
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [X] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) Feb. (Day) 18 (Year) 1953

7. FATHER'S NAME a. (First) Frank b. (Middle) Jerome c. (Last) Galliher
8. COLOR OR RACE white

9. AGE (At time of this birth) 35 YEARS
10. BIRTHPLACE (State or foreign country) Sublet. Idaho
11a. USUAL OCCUPATION Cook.
11b. KIND OF BUSINESS OR INDUSTRY Restaurant.

12. MOTHER'S MAIDEN NAME a. (First) Beverly b. (Middle) Jean c. (Last) Kime
13. COLOR OR RACE white

14. AGE (At time of this birth) 22 YEARS
15. BIRTHPLACE (State or foreign country) Ontario Oregon
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. O. L. Kime

18a. LENGTH OF PREGNANCY 40 WEEKS
18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date October 1952 y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Cord compression due to cord prolapse during second stage
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolapse of umbilical cord
22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy and low forceps.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Carroll M. Elmore M.D.
23b. DATE SIGNED 3/23/53
23c. ATTENDANT'S ADDRESS Rupert, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 2-20-53
25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
25d. LOCATION (City, town, or county) Rupert (State) Idaho

DATE REC'D BY LOCAL REG. 3/23/53
REGISTRAR'S SIGNATURE E. H. Elmore
26. FUNERAL DIRECTOR Rodney B. Boadman
ADDRESS Rupert Ida

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 16 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 040
Local Reg. No. 41
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location) 1323---17th Ave.

3. CHILD'S NAME (Type or Print) EWING LEE KELSO

4. SEX Male
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year) March 12, 1953

7. FATHER'S NAME a. (First) WALTER b. (Middle) CLYDE c. (Last) KELSO
8. COLOR OR RACE White

9. AGE (At time of this birth) 30 YEARS
10. BIRTHPLACE (State or foreign country) Alma, Montana
11a. USUAL OCCUPATION Laborer
11b. KIND OF BUSINESS OR INDUSTRY Lumbering

12. MOTHER'S MAIDEN NAME a. (First) MARJORIE b. (Middle) JEAN c. (Last) WILSON
13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS
15. BIRTHPLACE (State or foreign country) Topeka, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? —
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT Walter C. Kelso

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 1-9-53 Y39,5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES None.
20b. MATERNAL CAUSES Habitual abortion, cause unknown.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Threatened abortion 12-1-52
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) A. J. White, M.D.
23b. DATE SIGNED 3-16-53
23c. ATTENDANT'S ADDRESS Lewiston, Id.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE March 14, 53
25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
25d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. March 16, 1953
REGISTRAR'S SIGNATURE Jean Wegelin
26. FUNERAL DIRECTOR Brower-Mann by E. E. D. Bauer
ADDRESS Lewiston, Ida

Form DPH-48020

Dr. A. J. White

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APR 3 - 1953
DIVISION OF VITAL STATISTICS

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 041
Local Reg. No. 8-6
Reg. Dist. No. 14-0

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Durfee

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 10-1953

7. FATHER'S NAME: a. (First) Jay b. (Middle) Warren c. (Last) Durfee

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Hulett Wyoming

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY: Hercules

12. MOTHER'S MAIDEN NAME: a. (First) Hazel b. (Middle) Mary c. (Last) Soyseth

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Alamo N.D.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs Hazel Durfee

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes Yes No
Approximate date about 9 months ago - Negative

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation from Cord around neck Y36.0

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. J. Peterson, M.D.

23b. DATE SIGNED: 3-14-53

23c. ATTENDANT'S ADDRESS: Wallace Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-11-1953

25c. NAME OF CEMETERY OR CREMATORY: United

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: 4-1-53

REGISTRAR'S SIGNATURE: Alice L Cornell

26. FUNERAL DIRECTOR: Alice L Cornell

ADDRESS: Wallace Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 542
Local Reg. No. 84
Reg. Dist. No. 14-0

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 512 River St

3. CHILD'S NAME (Type or Print) Baby Boy McGee

4. SEX Male

5a. THIS BIRTH SINGLE [✓] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) March (Day) 18 (Year) 1953

7. FATHER'S NAME a. (First) John b. (Middle) Charles c. (Last) McGee

8. COLOR OR RACE white

9. AGE (At time of this birth) 39 YEARS

10. BIRTHPLACE (State or foreign country) Wallace Ida

11a. USUAL OCCUPATION Pvt Operator Owner Business

11b. KIND OF BUSINESS OR INDUSTRY Night Club

12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) Charlotte c. (Last) Maines

13. COLOR OR RACE white

14. AGE (At time of this birth) 28 YEARS

15. BIRTHPLACE (State or foreign country) Spirit Lake Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. John McGee (mother)

18a. LENGTH OF PREGNANCY 20 WEEKS

18b. WEIGHT AT BIRTH LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date Feb 17, 1953 Y 36.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES None.

20b. MATERNAL CAUSES Marginal Separation of Placenta, Rupture Amniotic Sac.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Vaginal Bleeding 4 wks.

22. STATE ALL OPERATIONS FOR DELIVERY None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:40 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lewis G. Hunter MD.

23b. DATE SIGNED 3-18-53

23c. ATTENDANT'S ADDRESS Wallace, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Crematory

25b. DATE 3-18-53

25c. NAME OF CEMETERY OR CREMATORY Wallace Hospital.

25d. LOCATION (City, town, or county) (State) WALLACE - Idaho.

DATE REC'D BY LOCAL REG. MAR 20-1953

REGISTRAR'S SIGNATURE Dale L. Cornell

26. FUNERAL DIRECTOR Dale L. Cornell

ADDRESS Wallace Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 3 - 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 043
Local Reg. No. 91
Reg. Dist. No. 1-0

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Gen. Del.

3. CHILD'S NAME (Type or Print) Baby Boy Maxey

4. SEX Male

5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year) Mar. 26, 1953

7. FATHER'S NAME a. (First) William b. (Middle) Alexander c. (Last) Maxey

8. COLOR OR RACE W

9. AGE (At time of this birth) 30 YEARS

10. BIRTHPLACE (State or foreign country) Kentucky

11a. USUAL OCCUPATION Carpenter

11b. KIND OF BUSINESS OR INDUSTRY Self employed

12. MOTHER'S MAIDEN NAME a. (First) Christine b. (Middle) — c. (Last) Clayton

13. COLOR OR RACE W

14. AGE (At time of this birth) 25 YEARS

15. BIRTHPLACE (State or foreign country) Kentucky

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs W. A. Maxey (Mother)

18a. LENGTH OF PREGNANCY 27 WEEKS

18b. WEIGHT AT BIRTH / LBS. 6 3/4 ZS.

19. Was a standard serological test for syphilis performed? Yes..... No. 0
Approximate date See Reverse Side. Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES None.

20b. MATERNAL CAUSES Premature Rupture of Membranes. + Bleeding.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20b.

22. STATE ALL OPERATIONS FOR DELIVERY —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5.30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) James B. Hunter M.D.

23b. DATE SIGNED 3-26-53

23c. ATTENDANT'S ADDRESS Wallace - Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

25b. DATE 3-26-53

25c. NAME OF CEMETERY OR CREMATORY Wallace Hospital

25d. LOCATION (City, town, or county) (State) Wallace, Idaho.

DATE REC'D BY LOCAL REG. Mar 28 53

REGISTRAR'S SIGNATURE J. Roy Bower

26. FUNERAL DIRECTOR Dale J. Cornell ADDRESS Wallace Idaho

Form DPH-48020 IBH

Pt seen for first time a few hours prior to delivery.
Believes a Kahn was taken in Kentucky. Blood
Kahn taken this date.

PB Hunter

Pens

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
MAY 18 1953
DIVISION OF VITAL STATISTICS

State File No. 69
Local Reg. No.
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 169 College Street.

3. CHILD'S NAME (Type or Print): Baby Anderson

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 20 - 1953

7. FATHER'S NAME: a. (First) Jimmy b. (Middle) Lloyd c. (Last) Anderson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Rigby Idaho

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Marian b. (Middle) c. (Last) Hillman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Mammoth Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? No
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Jimmy L. Anderson

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 4-39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Immaturity

20b. MATERNAL CAUSES: Miscarriage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 4-27-53

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr 22-1953

25c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 1-1953

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: Idaho Falls

Form DPH-48020

Davis

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAY 5 - 1953 DIVISION OF VITAL STATISTICS

State File No. 90
Local Reg. No.
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 169 College St.

3. CHILD'S NAME (Type or Print): Baby Anderson

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 20, 1953

7. FATHER'S NAME: a. (First) Jimmy b. (Middle) Lloyd c. (Last) Anderson

8. COLOR OR RACE: white

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Rigby Idaho

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Marian b. (Middle) c. (Last) Hillman

13. COLOR OR RACE: white

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Mammouth - ut

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? No
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Jenny L Anderson

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Immaturity

20b. MATERNAL CAUSES: Miscarriage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 4-27-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr-22-1953

25c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls. Idaho

DATE REC'D BY LOCAL REG.: May 1-1953

REGISTRAR'S SIGNATURE: Anna Sidgwick

26. FUNERAL DIRECTOR: Geo A. Williams

ADDRESS: Idaho Falls Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 026
Local Reg. No. 1
Reg. Dist. No. 3621

RECEIVED APR 24 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 4th Ave. So.

3. CHILD'S NAME (Type or Print): DAVID BRANDENBURG

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 25, 1953

7. FATHER'S NAME: a. (First) ALVIN b. (Middle) K. c. (Last) BRANDENBURG

8. COLOR OR RACE: white

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Checotah, Okla.

11a. USUAL OCCUPATION: Lineman

11b. KIND OF BUSINESS OR INDUSTRY: Mtn. States Tel. & Tel.

12. MOTHER'S MAIDEN NAME: a. (First) LA VONNE b. (Middle) NEWMAN c. (Last) BRANDENBURG

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Carson, No. Dak.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Alvin K. Brandenburg

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Sept. 1952 Y 39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown other than Prematurity

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Labor

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Margaretha Lewis M.D.

23b. DATE SIGNED: 4/3/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3/28/53

25c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: April 24, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stack

26. FUNERAL DIRECTOR: Lewis Edmunds

ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 047
Local Reg. No. 1
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grace
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Un-named Simonson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 16, 1953

7. FATHER'S NAME
a. (First): Von
b. (Middle): N.
c. (Last): Simonson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Central, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Wilma
b. (Middle):
c. (Last): Olorenshaw

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Bench, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Wilma Simonson

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov. 12, 1952 Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Drowned-amniotic fluid- Blood loss Thru placenta.

20b. MATERNAL CAUSES: Placenta abruptio - complete.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta abruptio

22. STATE ALL OPERATIONS FOR DELIVERY: manual dilation of cervic. version + extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:21 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles C. Johnson, M.D.

23b. DATE SIGNED: Apr. 17, 1953

23c. ATTENDANT'S ADDRESS: Grace, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify):

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 4-16-53

REGISTRAR'S SIGNATURE: Letty Mae Burton

26. ~~FUNERAL DIRECTOR~~: Verna N. Bees Superintendent

ADDRESS:

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 20 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 918
Local Reg. No. 2
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1003 Montana

3. CHILD'S NAME (Type or Print): Jay Fredrick Westerberg

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 4 (Day) 14 (Year) 53

7. FATHER'S NAME
a. (First): Fred
b. (Middle): N
c. (Last): Westerberg

8. COLOR OR RACE: W

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Montana

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Hiway

12. MOTHER'S MAIDEN NAME
a. (First): Nadine
b. (Middle): E.
c. (Last): Pyle

13. COLOR OR RACE: W

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Coeur d'Alene

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mr. Fred Westerberg

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date y38.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital Malformation of Heart.

20b. MATERNAL CAUSES: Mother RH negative. Baby RH positive.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William T. Wood, M.D.

23b. DATE SIGNED: april 15, 1953

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4-15-53

25c. NAME OF CEMETERY OR CREMATORY: St Thomas

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idah

DATE REC'D BY LOCAL REG.: 4-15-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Gates

ADDRESS: Coeur d'Alene, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Dr. H. Hughes

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 619
Local Reg. No. 3
Reg. Dist. No. 120

RECEIVED APR 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worley
d. STREET ADDRESS (If rural, give location): Rt# 2 Worley

3. CHILD'S NAME (Type or Print): GAIL MARIE HANSEN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 15, 1953

7. FATHER'S NAME: a. (First) Dale b. (Middle) D. c. (Last) Hansen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Washington

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Own Farm

12. MOTHER'S MAIDEN NAME: a. (First) Lois b. (Middle) B. c. (Last) Lane

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Dale D. Hansen

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date February 1953 - neg Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none apparent - died 48 hours before birth.

20b. MATERNAL CAUSES: none apparent

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Howard S. Hughes

23b. DATE SIGNED: 4-15-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: Apr. 17, 1953

25c. NAME OF CEMETERY OR CREMATORY: Rockford Cemetery

25d. LOCATION (City, town, or county) (State): Rockford, Washington

DATE REC'D BY LOCAL REG.: 4-17-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Don English

ADDRESS: Coeur d' Alene, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 9 - 1953
DIVISION OF VITAL STATISTICS

(Form 19 Revised of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 050
Local Reg. No. 227
Reg. Dist. No. 452

1. PLACE OF STILLBIRTH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 920 C Street

3. CHILD'S NAME (Type or Print): Meade

4. SEX: Male
5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): 4 - 20 - 53

7. FATHER'S NAME: a. (First) Richard b. (Middle) Barton c. (Last) Meade
8. COLOR OR RACE: White
9. AGE (At time of this birth): 22 YEARS
10. BIRTHPLACE (State or foreign country): Downey, Idaho
11a. USUAL OCCUPATION: Air Force
11b. KIND OF BUSINESS OR INDUSTRY: —

12. MOTHER'S MAIDEN NAME: a. (First) Patsy b. (Middle) Jayne c. (Last) Montgomery
13. COLOR OR RACE: White
14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or foreign country): Rupert, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs Richard Meade

18a. LENGTH OF PREGNANCY: 23 WEEKS
18b. WEIGHT AT BIRTH: LBS. 0 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 2-18-53 Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES: Premature onset of labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:05 P m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carroll H. Elmore M.D.
23b. DATE SIGNED: 5/4/53
23c. ATTENDANT'S ADDRESS: Rupert, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 4-21-53
25c. NAME OF CEMETERY OR CREMATORY
25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 5/4/53
REGISTRAR'S SIGNATURE: E. H. Elmore
26. FUNERAL DIRECTOR: Rodney Goodman
ADDRESS: Rupert Ida.

Form DPH-48020

RECEIVED
APR 25 1953
DIVISION OF VITAL STATISTICS

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 051
Local Reg. No. 4
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route 2

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 2-26-53

7. FATHER'S NAME
a. (First): Joel
b. (Middle): Edward
c. (Last): Nippschleba

8. COLOR OR RACE: W

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Buhl

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Shyla
b. (Middle): Jean
c. (Last): Chapman Nippschleba

13. COLOR OR RACE: W

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Rupert

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: E. Nippschleba

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: 4-29-6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E. W. McBratney M.D.

23b. DATE SIGNED: 2/26/53

23c. ATTENDANT'S ADDRESS: Buhl Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 4-24-53

REGISTRAR'S SIGNATURE: Donna Lail

26. FUNERAL DIRECTOR ADDRESS

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APR 18 1953

DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Hale
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Plainview
d. STREET ADDRESS (If rural, give location): General Delivery

3. CHILD'S NAME (Type or Print): INFANT BOY CHAVARRIA

4. SEX: Male

5a. THIS BIRTH: SINGLE XX TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 7 1953

7. FATHER'S NAME
a. (First): Francisco
b. (Middle):
c. (Last): Chavarria

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): Old Mexico

11a. USUAL OCCUPATION: Field Worker

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME
a. (First): Romona
b. (Middle): ########
c. (Last): Balderaz

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Pharr, Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ramon Chavarria

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 20 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 4-6-53 Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in umbilical cord

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:40 P. m.

23a. ATTENDANT'S SIGNATURE: H. McGrath MD (Specify M. D., midwife, or other)

23b. DATE SIGNED: 4/7/53

23c. ATTENDANT'S ADDRESS: Weiser, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/9/53

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

25d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4/9/53

REGISTRAR'S SIGNATURE: Verse Hawthorne

26. FUNERAL DIRECTOR: A. S. Jones

ADDRESS: Weiser, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 058
Local Reg. No. 28
Reg. Dist. No. 320

RECEIVED MAY 5 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Tarter

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 4-19-53

7. FATHER'S NAME: a. (First) Elton b. (Middle) E. c. (Last) Tarter

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Baker, Oregon

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Cattle Industry

12. MOTHER'S MAIDEN NAME: a. (First) Louise b. (Middle) c. (Last) Wells

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Cambridge

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Elton Tarter

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 10-18-52 - 36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Placental separation following delivery 1st Baby
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 4-20-53

23c. ATTENDANT'S ADDRESS: Weiser Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest

25d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4-20-53

REGISTRAR'S SIGNATURE: Marie Stallcord

26. FUNERAL DIRECTOR: R. Glen Sherman

ADDRESS: Weiser, Idaho

Form DPH-48020

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

PHS-707(VS)
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 970

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 306 Bacon Drive.

3. CHILD'S NAME (Type or Print): Infant boy Rhoads

4. SEX: M

5a. THIS BIRTH: SINGLE [✓] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 5. 3. 53.

7. FATHER'S NAME: a. (First) Jack b. (Middle) N. c. (Last) Rhoads.

8. COLOR OR RACE: W.

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION: Auto Upholsterer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Berna b. (Middle) Kaye. c. (Last) Bronman (Rhoads)

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Mother – Berna Kaye Rhoads

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No .....
Approximate date 1/39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Premature labor at 6½ mo

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Irene Reynolds MD

23b. DATE SIGNED: 5-5-53

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 5-5-53

25c. NAME OF CEMETERY OR CREMATORY: St Lukes Hospital

25d. LOCATION (City, town, or county) (State): Tilley B. Cox Columbarium Boise Idaho

DATE REC'D BY LOCAL REG.: 5-5-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 055
Local Reg. No. 150
Reg. Dist. No. 510

RECEIVED JUN 17 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 230 Park

3. CHILD'S NAME (Type or Print): Baby Boy Croshaw

4. SEX: Male
5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): March 12, 1953

7. FATHER'S NAME: a. (First) George b. (Middle) Vernal c. (Last) Croshaw
8. COLOR OR RACE: White

9. AGE (At time of this birth): 51 YEARS
10. BIRTHPLACE (State or foreign country): Oxford, Idaho
11a. USUAL OCCUPATION: Crane Operator
11b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

12. MOTHER'S MAIDEN NAME: a. (First) Arvilla b. (Middle) c. (Last) Poole
13. COLOR OR RACE: White

14. AGE (At time of this birth): 45 YEARS
15. BIRTHPLACE (State or foreign country): Whitney, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Five
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: George Croshaw, Father

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No ____ Approximate date 139.6

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Fetal death about 2 wks before delivery
20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE: [illegible] M.D. (Specify if M.D., midwife, or other)
23b. DATE SIGNED: 5-28-53
23c. ATTENDANT'S ADDRESS: Pocatello, Ida
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): removal
25b. DATE: 3-14-53
25c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. JUN 13 1953
REGISTRAR'S SIGNATURE: Darlene Archibald
26. FUNERAL DIRECTOR: Colin M. Edward ~~Hall Grant~~ ADDRESS: Mortuary Poc.

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PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 656
Local Reg. No. 105
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 177 2nd St.

3. CHILD'S NAME (Type or Print): Randy Duncan

Duncan

4. SEX: male
5a. THIS BIRTH: SINGLE [*] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): April 4, 1953

7. FATHER'S NAME: a. (First) Gary b. (Middle) J c. (Last) Duncan
8. COLOR OR RACE: White

9. AGE (At time of this birth): 18 YEARS
10. BIRTHPLACE (State or foreign country): Utah
11a. USUAL OCCUPATION: Salesman
11b. KIND OF BUSINESS OR INDUSTRY: Shoe

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) J c. (Last) Pickett
13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS
15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Gary J. Duncan

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1936.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cause unknown - possible cord strangulation
20b. MATERNAL CAUSES: Infant partially decomposed.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.
22. STATE ALL OPERATIONS FOR DELIVERY: Epsualini

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. D. Davis M. D.
23b. DATE SIGNED: 4-7-53.
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 4/6/53
25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 27-53
REGISTRAR'S SIGNATURE: Dena Bridges
26. FUNERAL DIRECTOR: Jack A. Wood, Jr.
ADDRESS: Idaho Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 1953
Local Reg. No. 107
Reg. Dist. No. 610

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DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Sacred Heart

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #4

3. CHILD'S NAME (Type or Print): PATRICK JAMES PATTERSON

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) April (Day) 23 (Year) 1953

7. FATHER'S NAME
a. (First): Robert
b. (Middle): Arthur
c. (Last): Patterson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): California

11a. USUAL OCCUPATION: Sheet metal worker

11b. KIND OF BUSINESS OR INDUSTRY: Sign construction

12. MOTHER'S MAIDEN NAME
a. (First): Mary
b. (Middle): Frances
c. (Last): Friel

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Denver, Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Robert A. Patterson

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cause unknown. Fetus dead several days prior to delivery

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. D.

23b. DATE SIGNED: 5-19-53

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Apr. 25, 1953

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 27-53

REGISTRAR'S SIGNATURE: Anna Bridger

26. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 058
Local Reg. No. 108
Reg. Dist. No. 610

RECEIVED JUN 1 - 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 490 North Water

3. CHILD'S NAME (Type or Print): Infant Lane

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): May 7, 1953

7. FATHER'S NAME: a. (First) William b. (Middle) J c. (Last) Lane
8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS
10. BIRTHPLACE (State or foreign country): Marion, So. Carolina
11a. USUAL OCCUPATION: Ticket Agent
11b. KIND OF BUSINESS OR INDUSTRY: Western Air

12. MOTHER'S MAIDEN NAME: a. (First) Cheryl b. (Middle) Leavitt c. (Last)
13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Afton, Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: William J. Lane

18a. LENGTH OF PREGNANCY: 38 WEEKS
18b. WEIGHT AT BIRTH: ? LBS. ? OZS.
19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date Jan 2-3 36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Unknown (Extremely macerated fetus)
20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta previa
22. STATE ALL OPERATIONS FOR DELIVERY: Manual removal of placenta & fetus

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph M Adler M.D.
23b. DATE SIGNED:
23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 5/8/53
25c. NAME OF CEMETERY OR CREMATORY: Wood Funeral Home
25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 27-53
REGISTRAR'S SIGNATURE: Anna Budges
26. FUNERAL DIRECTOR: Jack A Wood, Jr.
ADDRESS: Idaho Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 359
Local Reg. No. 149
Reg. Dist. No. 70

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): R. F. D.

3. CHILD'S NAME (Type or Print): Paula Fairchild

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 20, 1953

7. FATHER'S NAME: a. (First) Silas b. (Middle) Asahel c. (Last) Fairchild

8. COLOR OR RACE: White

9. AGE (At time of this birth): 47 YEARS

10. BIRTHPLACE (State or foreign country): Oakley, Idaho

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Verla b. (Middle) c. (Last) Kidman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country): Moulton, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Asahel Fairchild

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Jan 1953. Y 32.3

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none.

20b. MATERNAL CAUSES: Pre-Eclamptic Toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Intra uterine death - 7½ mo

22. STATE ALL OPERATIONS FOR DELIVERY: Induction c Vorhees Bag.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. Sutton M.D.

23b. DATE SIGNED: 2/2/55

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/22/53

25c. NAME OF CEMETERY OR CREMATORY: Basin Cemetery

25d. LOCATION (City, town, or county) (State): Basin, Idaho

DATE REC'D BY LOCAL REG.: May 28 1953

REGISTRAR'S SIGNATURE: B. H. Wilson

26. FUNERAL DIRECTOR: J. Garth Payne

ADDRESS: Burley, Ida.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 9 - 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 000
Local Reg. No. 2
Reg. Dist. No. 2 1 0

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Johnson Ave.

3. CHILD'S NAME (Type or Print): David Gayle Mustonen

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): 5-27-1953

7. FATHER'S NAME: a. (First) Ernest b. (Middle) c. (Last) Mustonen
8. COLOR OR RACE: W

9. AGE (At time of this birth): Deceased YEARS
10. BIRTHPLACE (State or foreign country): Ely, Minn.
11a. USUAL OCCUPATION: Woodsworker
11b. KIND OF BUSINESS OR INDUSTRY: Timber

12. MOTHER'S MAIDEN NAME: a. (First) Matilda b. (Middle) c. (Last) Groh
13. COLOR OR RACE: W

14. AGE (At time of this birth): 34 YEARS
15. BIRTHPLACE (State or foreign country): Bovill, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Matilda Mustonen

18a. LENGTH OF PREGNANCY: 28 WEEKS
18b. WEIGHT AT BIRTH: 2 LBS. 13 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No. X
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech extraction - dead fetus
22. STATE ALL OPERATIONS FOR DELIVERY: Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4 a. m.

23a. ATTENDANT'S SIGNATURE: [illegible] (Specify if M. D., midwife, or other): M. D.
23b. DATE SIGNED: 5/27/53
23c. ATTENDANT'S ADDRESS: Orofino Ida
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 5-29-53
25c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
25d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: 5-27-53
REGISTRAR'S SIGNATURE: Vernon E. Dudley
26. FUNERAL DIRECTOR: [illegible] ADDRESS: Orofino, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 17
Reg. Dist. No. 140

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DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitney
d. STREET ADDRESS (If rural, give location): Preston R.F.D. #1

3. CHILD'S NAME (Type or Print): BABY BOY GOLIGHTLY

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 2, 1953.

7. FATHER'S NAME: a. (First) Donald b. (Middle) Dalley c. (Last) Golightly

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Preston, Idaho.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Own Farm

12. MOTHER'S MAIDEN NAME: a. (First) Nona b. (Middle) Chadwick c. (Last) Golightly

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country): Preston, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 10
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Donald D. Golightly Preston Idaho

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 1/39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 P. m.

23a. ATTENDANT'S SIGNATURE: O. B. Cutler (Specify if M. D., midwife, or other): M D

23b. DATE SIGNED: 5-2-53

23c. ATTENDANT'S ADDRESS: Preston Idn

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-3-53

25c. NAME OF CEMETERY OR CREMATORY: Preston

25d. LOCATION (City, town, or county) (State): Preston, Idaho.

DATE REC'D BY LOCAL REG.: 5-3-1953

REGISTRAR'S SIGNATURE: Effie W. Brower

26. FUNERAL DIRECTOR ADDRESS: Herman J. Richards Preston, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 8 - 1953
DIVISION OF VITAL STATISTICS

(Form Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 125
Local Reg. No. 40
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Linda Lee Timmons

4. SEX: female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 27, 1953

7. FATHER'S NAME: a. (First) Richard b. (Middle) Gartin c. (Last) Timmons

8. COLOR OR RACE: white

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): King City, Mo.

11a. USUAL OCCUPATION: salesman

11b. KIND OF BUSINESS OR INDUSTRY: auto parts

12. MOTHER'S MAIDEN NAME: a. (First) Virginia b. (Middle) Marie c. (Last) Estill

13. COLOR OR RACE: white

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): King City, Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Richard G. Timmons

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date 4-36-2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature Separation of the placenta

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none except above

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:15 A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Quentin E. Howard M D

23b. DATE SIGNED: June 2, 1953

23c. ATTENDANT'S ADDRESS: Emmett, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: May 28, 1953

25c. NAME OF CEMETERY OR CREMATORY: Star

25d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: June 2, 1953

REGISTRAR'S SIGNATURE: Jean A. Beatty

26. FUNERAL DIRECTOR: Glenn W. Beatty ADDRESS: The Beatty Chapel Emmett, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED
MAY 21 1953
DIVISION OF VITAL STATISTICS

State File No. 028
Local Reg. No. 4
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeurd'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.C.G.Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenacres
d. STREET ADDRESS (If rural, give location): 18319 E. Boone

3. CHILD'S NAME (Type or Print): Joey Michael Sanders

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 4, 1953

7. FATHER'S NAME
a. (First): Joseph
b. (Middle): T.
c. (Last): Sanders

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country): Washington

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Naval Supply Depot

12. MOTHER'S MAIDEN NAME
a. (First): Mardell
b. (Middle): Joan
c. (Last): Watson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 0
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT
X Joe Sanders

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date 4-36-2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Pre mature separation of the placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pre mature separation of placenta

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D M Campbell M.D.

23b. DATE SIGNED: May 8 1953

23c. ATTENDANT'S ADDRESS: Cd'a Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 7, 1953

25c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

25d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-8-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Don English

ADDRESS: Coeur d'Alene, Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 16 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 884
Local Reg. No. 48
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 520 East B St.

3. CHILD'S NAME (Type or Print): Baby O'Leary

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH: May 4 1953

7. FATHER'S NAME: a. (First) Jack b. (Middle) c. (Last) O'Leary
8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country): Weiser, Idaho
11a. USUAL OCCUPATION: Student
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Jacqueline b. (Middle) c. (Last) Hally
13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS
15. BIRTHPLACE (State or foreign country): Weiser, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Jack O'Leary

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WEIGHT AT BIRTH: 1 LBS. 2 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none
20b. MATERNAL CAUSES: premature labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none
22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:00 a.m.

23a. ATTENDANT'S SIGNATURE: Earl N. Blum (Specify if M. D., midwife, or other) M. D.
23b. DATE SIGNED: May 8 1953
23c. ATTENDANT'S ADDRESS: Moscow, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 5-4-1953
25c. NAME OF CEMETERY OR CREMATORY: Moscow Hospital
25d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: 5/14/53
REGISTRAR'S SIGNATURE: Lois E. Angel
26. FUNERAL DIRECTOR: H.R. Short
ADDRESS: Moscow, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 125
Local Reg. No. 690
Reg. Dist. No. 7070

RECEIVED MAY 27 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Olsen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 19, 1953

7. FATHER'S NAME
a. (First): Donald
b. (Middle):
c. (Last): Olsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Salem, Oregon

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Naomi
b. (Middle):
c. (Last): Jenson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Arco, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: one
b. How many children were born alive but are now dead?: none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: one

17. INFORMANT: Donald E. Olsen

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. L. Blackhaday, M.D.

23b. DATE SIGNED: 5-23-53

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-21-53

25c. NAME OF CEMETERY OR CREMATORY: Salmon Cemetery

25d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 5-25-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Albert C. Jones

ADDRESS: Salmon, Idaho

Form DPH-48020

RECEIVED

MAY 16 1953

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL STATISTICS State of Idaho

State File No. .....
Local Reg. No. 33
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wardner

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smelterville
d. STREET ADDRESS (If rural, give location) Smelterville Idaho

3. CHILD'S NAME (Type or Print) Bennie Bachmeier

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) May 6, 1953

7. FATHER'S NAME a. (First) Bennie b. (Middle) c. (Last) Bachmeier

8. COLOR OR RACE White

9. AGE (At time of this birth) 28 YEARS

10. BIRTHPLACE (State or foreign country) Sinton N. Dakota

11a. USUAL OCCUPATION Miner

11b. KIND OF BUSINESS OR INDUSTRY Mining

12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) c. (Last) Beamis

13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Bennie Bachmeier

18a. LENGTH OF PREGNANCY WEEKS Term

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [X] No [ ]
Approximate date Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES asphyxiation ??

20b. MATERNAL CAUSES Prolapsed Cord - Polyhydramnios Cause undet?

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolapsed Cord.

22. STATE ALL OPERATIONS FOR DELIVERY Breech delivery.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE Glen M. Wheleral M.D. (Specify if M. D., midwife or other)

23b. DATE SIGNED 8 May 53

23c. ATTENDANT'S ADDRESS Kellogg, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 5/8/53

25c. NAME OF CEMETERY OR CREMATORY Greenwood

25d. LOCATION (City, town, or county) (State) Kellogg Idaho

DATE REC'D BY LOCAL REG. 5/13/53

REGISTRAR'S SIGNATURE Joe Lane

26. FUNERAL DIRECTOR Gunter Funeral Home ADDRESS Kellogg Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 168
Reg. Dist. No. 14-6

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Teampfaglio

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 14 1953

7. FATHER'S NAME: a. (First) Albert b. (Middle) c. (Last) Teampfaglio

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Londonderry N.H.

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY: Morning

12. MOTHER'S MAIDEN NAME: a. (First) Stella b. (Middle) c. (Last) Rodonyich

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Passaic, N.J.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs Stella Teampfaglio

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No ....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: [illegible]

20b. MATERNAL CAUSES: None as [illegible]

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None all normal

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): [illegible]

23b. DATE SIGNED: 5/15/53

23c. ATTENDANT'S ADDRESS: Wallace

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 14-1953

25c. NAME OF CEMETERY OR CREMATORY: United

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: May 27-1953

REGISTRAR'S SIGNATURE: Dale F. Cornell Reg.

26. FUNERAL DIRECTOR: Dale F. Cornell ADDRESS: Wallace, Idaho

Form DPH-48020

Geo Mix T.

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 15 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 169
Local Reg. No.
Reg. Dist. No. 140

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp. Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 14 - King St.

3. CHILD'S NAME (Type or Print) Baby Boy Doyle

4. SEX M

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) May (Day) 28 (Year) 1953

7. FATHER'S NAME a. (First) George b. (Middle) G. c. (Last) Doyle

8. COLOR OR RACE W

9. AGE (At time of this birth) 33 YEARS

10. BIRTHPLACE (State or foreign country) Burke, Ida

11a. USUAL OCCUPATION Dentist

11b. KIND OF BUSINESS OR INDUSTRY Self

12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) Frances c. (Last) Evans

13. COLOR OR RACE W

14. AGE (At time of this birth) 29. YEARS

15. BIRTHPLACE (State or foreign country) Hollywood Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs George G. Doyle

18a. LENGTH OF PREGNANCY 26 WEEKS

18b. WEIGHT AT BIRTH 1 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date April 1953 39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prematurity

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:30 *p.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) C. B. Fredericksen M.D.

23b. DATE SIGNED 5-29-53

23c. ATTENDANT'S ADDRESS Wallace Idaho

If NOT attended by physician **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

25b. DATE May 28. 1953

25c. NAME OF CEMETERY OR CREMATORY Wallace Hospital

25d. LOCATION (City, town, or county) Wallace (State) Idaho

DATE REC'D BY LOCAL REG. May 29. 1953 REGISTRAR'S SIGNATURE Dale E. Cornell Reg.

26. FUNERAL DIRECTOR Dale E. Cornell ADDRESS Wallace Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 322
Local Reg. No. 320
Reg. Dist. No.

RECEIVED
MAY 27 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, state whether home or other place):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rome
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. CHILD'S NAME (Type or Print): Twin Girls Herrera

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 8, 1953

7. FATHER'S NAME: a. (First) Antonio b. (Middle) c. (Last) Herrera

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): New Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Sugar Beet

12. MOTHER'S MAIDEN NAME: a. (First) Manuela b. (Middle) c. (Last) Kraguel

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): New Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: one
b. How many children were born alive but are now dead?:
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 1 36.2

17. INFORMANT: X antonio x herrera

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ..... No. X
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature Separation Placenta
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. S. McGrath M.D.
23b. DATE SIGNED: 5-8-53
23c. ATTENDANT'S ADDRESS: Weiser, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 5-8-53
25c. NAME OF CEMETERY OR CREMATORY: Northam-Jones
25d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-8-53
REGISTRAR'S SIGNATURE: Marie Hawthorn
26. FUNERAL DIRECTOR: Bruce Thomason
ADDRESS: Weiser Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 32
Reg. Dist. No. 320

1. PLACE OF STILLBIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rome
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. CHILD'S NAME *(Type or Print)*: "Twin" Herrera

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 8, 1953

7. FATHER'S NAME
a. (First): Antonio
b. (Middle):
c. (Last): Herrera

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): New Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Sugar Beet

12. MOTHER'S MAIDEN NAME
a. (First): Manuela
b. (Middle):
c. (Last): Rraguel

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): New Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: One
b. How many children were born alive but are now dead?:
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT: Antonio H. Herrera

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....x.
Approximate date 1936.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. S. McGrath, M.D.

23b. DATE SIGNED: 5-8-53

23c. ATTENDANT'S ADDRESS: Weiser, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 5-8-53

25c. NAME OF CEMETERY OR CREMATORY: Northam-Jones

25d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-8-53

REGISTRAR'S SIGNATURE: Marie Hanthorn

26. FUNERAL DIRECTOR ADDRESS: R. Dale Thomason, Weiser, Idaho

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PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 17
Local Reg. No. 253
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R. D. #2

3. CHILD'S NAME (Type or Print): BABY BOY MATHIS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 1, 1953

7. FATHER'S NAME: a. (First) Dean b. (Middle) Russell c. (Last) Mathis

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Oregon

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Sawmill

12. MOTHER'S MAIDEN NAME: a. (First) Louise b. (Middle) Marian c. (Last) Banks

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: A. D. McMurdney

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1936.1

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Placenta Previa Marginalis with abruption

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John Brunner

23b. DATE SIGNED: 7-6-53

23c. ATTENDANT'S ADDRESS: Meridian Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 3, 1953

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-16-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Clyde E. Summers

ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

Form DPH-48020

Dr Sackett
7900 Broadway

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 214
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5211 Peg St.

3. CHILD'S NAME (Type or Print): DOUGLAS HIBBARD

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 6 7 1953

7. FATHER'S NAME: a. (First) Wilford b. (Middle) C. c. (Last) Hibbard

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): West Jordan, Utah

11a. USUAL OCCUPATION: Truck body mfg.

11b. KIND OF BUSINESS OR INDUSTRY: Building truck bodies

12. MOTHER'S MAIDEN NAME: a. (First) Martha b. (Middle) Ann c. (Last) Jenkins

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Newton, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: W. C. Hibbard

18a. LENGTH OF PREGNANCY: 8mo. 1 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 26 Jan 53 Y 36.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Abrupto Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. R. Barnes MD

23b. DATE SIGNED: 6-9-53

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/9/53

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-9-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Blaine R. Nichol
ADDRESS: 318 N. Latah, Boise, Idaho
RELYEA MORTUARY

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUL 6 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 157
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 269 Washington

3. CHILD'S NAME (Type or Print): STEVEN GEORGE MATTISHAW

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March, 22 1953

7. FATHER'S NAME: a. (First) Brian b. (Middle) George c. (Last) Mattishaw

8. COLOR OR RACE: white

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): England

11a. USUAL OCCUPATION: Machinist's helper

11b. KIND OF BUSINESS OR INDUSTRY: Union Pacific Railroad

12. MOTHER'S MAIDEN NAME: a. (First) Loine b. (Middle) Gay c. (Last) Stowell

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Rupert, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Loine Stowell Mattishaw
Loine Stowell Mattishaw

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 7 OZS.

19. Was a standard serological test for syphilis performed? Yes X No .....
Approximate date August, 1952

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Shoulder presentation & Prolapse of cord

20b. MATERNAL CAUSES: premature rupture of membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: as above

22. STATE ALL OPERATIONS FOR DELIVERY: caeseran section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:48 pm *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph B. Hegsted M.D.

23b. DATE SIGNED: 5-21-53

23c. ATTENDANT'S ADDRESS

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3-25-53

25c. NAME OF CEMETERY OR CREMATORY: Mt. View

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR: Colin M. Edward

ADDRESS: Hall Grant Mortuary Pocat

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DIVISION OF VITAL STATISTICS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 074
Local Reg. No. 170
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 821 E. Bonneville

3. CHILD'S NAME (Type or Print): Infant Girl WILLES

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) May, (Day) 13 (Year) 1953

7. FATHER'S NAME a. (First): J. b. (Middle): Gordon c. (Last): Willes

8. COLOR OR RACE: white

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Carman

11b. KIND OF BUSINESS OR INDUSTRY: Union Pacific Railroad

12. MOTHER'S MAIDEN NAME a. (First): Mary b. (Middle): Naomi c. (Last): Dalton

13. COLOR OR RACE: white

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mary Naomi Dalton Willes

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: Not weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date Jan. 1953 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Died 6 wks before delivery

20b. MATERNAL CAUSES: none known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:35 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph B. Hessler

23b. DATE SIGNED: 6-10-53

23c. ATTENDANT'S ADDRESS: Pocatello Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 5-14-53

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 13 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR: Downards

ADDRESS: Pocatello, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 18 1953

DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 175
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1014 East Lewis

3. CHILD'S NAME (Type or Print): Baby Boy Schwintz

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 25, 1953

7. FATHER'S NAME: a. (First) Ralph b. (Middle) Raymond c. (Last) Schwintz

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Hamilton, Kansas

11a. USUAL OCCUPATION: Corporal

11b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corp.

12. MOTHER'S MAIDEN NAME: a. (First) Jacaquilene b. (Middle) Edith c. (Last) Williamson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Fredonia, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Ralph Schwintz

18a. LENGTH OF PREGNANCY: ? WEEKS

18b. WEIGHT AT BIRTH: ? LBS. ? OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date: 1362

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Stillborn, asphyxiation

20b. MATERNAL CAUSES: Premature separation of placenta, hemorrhage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John K. McGrahan

23b. DATE SIGNED: 6-23-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: May 25, 1953

25c. NAME OF CEMETERY OR CREMATORY: Agusta Cemetery

25d. LOCATION (City, town, or county) (State): Agusta Kansas

DATE REC'D BY LOCAL REG. JUL 17 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR: Colin M. Edward

ADDRESS: Hall Grant Mortuary - Poc.

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 11 1953
DIVIS. STATISTICS

State File No. .....
Local Reg. No. 165
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 255 North 13th

3. CHILD'S NAME (Type or Print): Tommy Hanges

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 2, 1953

7. FATHER'S NAME: a. (First) Pete b. (Middle) John c. (Last) Hanges

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Paul, Idaho

11a. USUAL OCCUPATION: Welder

11b. KIND OF BUSINESS OR INDUSTRY: Partner Structure Steel

12. MOTHER'S MAIDEN NAME: a. (First) Velda b. (Middle) Marlene c. (Last) Betty

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Velda Hanges Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 7 OZS.

19. Was a standard serological test for syphilis performed? Yes X No .....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Y36.0

20b. MATERNAL CAUSES: Prolapse of umbilical Cord / Causing Strangulation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolapsed Umbilical Cord

22. STATE ALL OPERATIONS FOR DELIVERY: Low Forceps delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:15 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Russell M.D.

23b. DATE SIGNED: 6-16-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

[ ] NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 3, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. JUL 3 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR: Jack Henderson ADDRESS: Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 30 1953
DIVISION OF VITAL STATISTICS

(1953 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 8-2

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dingle, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Sparks

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☑ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 14 1953

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) H. c. (Last) Sparks

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Dingle Idaho

11a. USUAL OCCUPATION: Section Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Velma b. (Middle) May c. (Last) Hale

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Dingle Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Kenneth Sparks

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Double Knot in placental Cord (Asphyxiation) Y 36.0

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Delivery Only

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Reed Rich MD

23b. DATE SIGNED: 6/16/53

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 15 '53

25c. NAME OF CEMETERY OR CREMATORY: Dingle Cemetery

25d. LOCATION (City, town, or county) (State): Dingle Idaho

DATE REC'D BY LOCAL REG.: 6/17/53

REGISTRAR'S SIGNATURE: N. Young

26. FUNERAL DIRECTOR: Lile Matthews

ADDRESS: Montpelier Idaho.

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUN 11 1953
DIVISION OF VITAL STATISTICS

State File No. .....
Local Reg. No. 140
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. CHILD'S NAME (Type or Print): BOBBY ESKELSEN

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 1, 1953

7. FATHER'S NAME: a. (First) ELDEN b. (Middle) RAY c. (Last) ESKELSEN

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Marilyn b. (Middle) c. (Last) Anglesey

13. COLOR OR RACE: White

14. AGE (At time of this birth) YEARS

15. BIRTHPLACE (State or foreign country): Rigby, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Elden Ray Eskelsen

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 10 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No .....
Approximate date

Y39.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis

20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Outlet forceps; Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:50 P. m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Edgar Coates M. D.

23b. DATE SIGNED: June 2, 1953

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 2, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: June 2-1953

REGISTRAR'S SIGNATURE: Mrs Walter E. Petrie

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho.

Form DPH-48020

#3

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 12, 1953

7. FATHER'S NAME a. (First): John Ingrahm b. (Middle): c. (Last):

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION: Construction

11b. KIND OF BUSINESS OR INDUSTRY: Albeni Falls Dam M.K

12. MOTHER'S MAIDEN NAME a. (First): Elinore Ingrahan b. (Middle): c. (Last):

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Billings, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: Not weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: March 1953 Y 36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: — None

20b. MATERNAL CAUSES: Placenta separation - Premature labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature labor

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harry N Hansen, MD

23b. DATE SIGNED: 6/16/53

23c. ATTENDANT'S ADDRESS: Sandpoint, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: June 12

25c. NAME OF CEMETERY OR CREMATORY: Cremation

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: June 17-53

REGISTRAR'S SIGNATURE: Grace Ralph

26. FUNERAL DIRECTOR ADDRESS

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JUL 24 1953

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 1590
Local Reg. No. 1590
Reg. Dist. No. 6-16-D

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or Print): Michael Koste

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 27-1953

7. FATHER'S NAME: a. (First) Paul b. (Middle) A. c. (Last) Koste

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): East St. Louis, Ill.

11a. USUAL OCCUPATION: Construction steel worker

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Martha b. (Middle) Stewart c. (Last)

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Arco - Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Martha Stewart Koste

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: 38.1

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Elective forceps + Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): X John E. Worlton, M. D.

23b. DATE SIGNED: 14 July 53

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 27-53

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest

25d. LOCATION (City, town, or county) (State): Arco Idaho.

DATE REC'D BY LOCAL REG.: July 20-1953

REGISTRAR'S SIGNATURE: Lena Bridges

26. FUNERAL DIRECTOR: Betty J. Marvel F.D. #19

ADDRESS: Arco

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(Back of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 2 - 1953
DIVISION OF VITAL STATISTICS

State File No. 0
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr. Reines office

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or Print): Infant Woodbridge

4. SEX: M

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 25 1953

7. FATHER'S NAME: a. (First) Jack b. (Middle) F. c. (Last) Woodbridge

8. COLOR OR RACE: W

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Arco - Idaho

11a. USUAL OCCUPATION: Service Station

11b. KIND OF BUSINESS OR INDUSTRY: Service Station

12. MOTHER'S MAIDEN NAME: a. (First) Norma b. (Middle) D. c. (Last) Davis

13. COLOR OR RACE: W

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Teton, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Norma Davis - Mother

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 10 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 2/20/53 Y30.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
1) Congenital heart
2) Congenital atelectasis

20b. MATERNAL CAUSES
hyperthyroidism

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4 00 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J Reines MD

23b. DATE SIGNED: 6/29/53

23c. ATTENDANT'S ADDRESS: Box 566, Arco, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 26-53

25c. NAME OF CEMETERY OR CREMATORY: Willcrest

25d. LOCATION (City, town, or county) (State): Arco - Idaho

DATE REC'D BY LOCAL REG.: June 25-1953

REGISTRAR'S SIGNATURE: Betty J. Marvel #670

26. FUNERAL DIRECTOR: Betty J. Marvel

ADDRESS: Arco F.D. #19 Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 2
Reg. Dist. No. 36-2

RECEIVED
JUN 22 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 219 Chestnut St.

3. CHILD'S NAME (Type or Print): DUANE CARL KNUTSON

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 3, 1953

7. FATHER'S NAME: a. (First) John b. (Middle) A c. (Last) knutson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Vashti, North Dakota

11a. USUAL OCCUPATION: Carman

11b. KIND OF BUSINESS OR INDUSTRY: Pac. Fruit Express

12. MOTHER'S MAIDEN NAME: a. (First) Jean b. (Middle) c. (Last) Ferguson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Ophir, Utah.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: John A Knutson, Nampa, Idaho.

18a. LENGTH OF PREGNANCY: 44 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov. 1953. Y 36.8

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapsed umbilical cord

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Clara Hastings M.D.

23b. DATE SIGNED: 6-3-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 6/5/53

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 19, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steed

26. FUNERAL DIRECTOR: John F Alsip, Jr.

ADDRESS: Nampa, Idaho.

ALSIP FUNERAL CHAPEL

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. .....
Local Reg. No. 30
Reg. Dist. No. 651

RECEIVED JUN 12 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Fremont.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton. (Rural)
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Lonny. J. Seeley

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) June. 2th 1953

7. FATHER'S NAME a. (First) Harold b. (Middle) J c. (Last) Seeley

8. COLOR OR RACE White

9. AGE (At time of this birth) 27 YEARS

10. BIRTHPLACE (State or foreign country) Ashton Idaho.

11a. USUAL OCCUPATION Farmer

11b. KIND OF BUSINESS OR INDUSTRY Farming.

12. MOTHER'S MAIDEN NAME a. (First) Cella b. (Middle) c. (Last) Davis.

13. COLOR OR RACE White

14. AGE (At time of this birth) 26 YEARS

15. BIRTHPLACE (State or foreign country) Idaho Falls Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Harold J Seeley Ashton Idaho

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1/39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES 2

20b. MATERNAL CAUSES 2

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Dr. Sugar M.D.

23b. DATE SIGNED 6/3rd 1953

23c. ATTENDANT'S ADDRESS Ashton Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE June 3rd1953

25c. NAME OF CEMETERY OR CREMATORY Pineview

25d. LOCATION (City, town, or county) Ashton (State) Idaho.

DATE REC'D BY LOCAL REG. 11 June 53

REGISTRAR'S SIGNATURE Mae Hansen

26. FUNERAL DIRECTOR Dennis Kiser

ADDRESS Ashton Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 12 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 14
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2

3. CHILD'S NAME (Type or Print): Carolyn Faye Dishner

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 5, 1953

7. FATHER'S NAME: a. (First) Clarence b. (Middle) Howard c. (Last) Dishner

8. COLOR OR RACE: white

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Kingsport, Tenn

11a. USUAL OCCUPATION: laborer

11b. KIND OF BUSINESS OR INDUSTRY: lumber

12. MOTHER'S MAIDEN NAME: a. (First) Yvonne b. (Middle) Luella c. (Last) Timmons

13. COLOR OR RACE: white

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Plattesmont, Neb.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Clarence Howard Dishner

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date February, 1953 Y 39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Pre-mature labor

22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Quentin E. Howard M.D.

23b. DATE SIGNED: June 10, 1953

23c. ATTENDANT'S ADDRESS: Emmett, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: June 8, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverside

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR Ulysses W. Beatty **ADDRESS** The Beatty Chapel Emmett, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 21 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 1603
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bliss
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Daniel Fred Henderson

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 2 1953

7. FATHER'S NAME
a. (First): D
b. (Middle): Fred
c. (Last): Henderson

8. COLOR OR RACE: W

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Mary
b. (Middle): F.
c. (Last): Candle

13. COLOR OR RACE: W

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country):

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT:

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 2-9-53. Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Tight Knot in Umbilical Cord Constricting & Obstructing Circulation

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:00 m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): F. E. Garrett M.D.

23b. DATE SIGNED: 7/17

23c. ATTENDANT'S ADDRESS: Gooding Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6-5-53

25c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

25d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: Jul. 18-53

REGISTRAR'S SIGNATURE: J. A. Cornwell

26. FUNERAL DIRECTOR: Geo. Jerread Jr., Thompson Chapel, Gooding, Ida

ADDRESS:

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 56
Local Reg. No. 56
Reg. Dist. No. 240

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JUN 17 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Girl Hall

4. SEX: Female

5a. THIS BIRTH: SINGLE [XX] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 7 1953

7. FATHER'S NAME: a. (First) Alvin b. (Middle) E c. (Last) Hall

8. COLOR OR RACE: W

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Gettysburg, So. Dak.

11a. USUAL OCCUPATION: Oil distributer

11b. KIND OF BUSINESS OR INDUSTRY: Gasoline

12. MOTHER'S MAIDEN NAME: a. (First) Alice b. (Middle) Agnes c. (Last) Stuivenga

13. COLOR OR RACE: W

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Grangeville, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mother

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 4-15-53 Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature Separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Had a bad fall

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:50 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. M. Dittemore M.D.

23b. DATE SIGNED: June 10. 1953.

23c. ATTENDANT'S ADDRESS: Grangeville, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL: Cremation

25b. DATE: 6/10/53

25c. NAME OF CEMETERY OR CREMATORY: Hospital Furnace

25d. LOCATION (City, town, or county) (State): Grangeville Idaho.

DATE REC'D BY LOCAL REG.: June 10, 1953

REGISTRAR'S SIGNATURE: Irma Cone

26. ~~FUNERAL DIRECTOR~~ ADDRESS: R. M. Dittemore M.D.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

State File No. 68
Local Reg. No. 68
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Cowlitz
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castle Rock, Wn.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Cristie Kay Matson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 23, 1953

7. FATHER'S NAME: a. (First) Hurbert b. (Middle) L c. (Last) Matson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Colfax, Washington

11a. USUAL OCCUPATION: Logger

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Florence b. (Middle) c. (Last) Moore

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Corvallis, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Hurbert L. Matson

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y36.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Cord strangulation about the neck

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech

22. STATE ALL OPERATIONS FOR DELIVERY: Forceps to A.C.H. Depla.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:10 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. Stephens M.D.

23b. DATE SIGNED: 6-29-53

23c. ATTENDANT'S ADDRESS: Moscow

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 25-53

25c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

25d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 7/2/53

REGISTRAR'S SIGNATURE: Lois E. Angel

26. FUNERAL DIRECTOR: H.R. Short ADDRESS: Moscow, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 71
Reg. Dist. No. 280

RECEIVED
JUL 6 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 4 C West 6th.

3. CHILD'S NAME (Type or Print) Baby Girl Crow

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): June 28, 1953

7. FATHER'S NAME: a. (First) Wayne b. (Middle) c. (Last) Crow
8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS
10. BIRTHPLACE (State or foreign country): Twin Falls, Ida.
11a. USUAL OCCUPATION: Unknown
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Daloris b. (Middle) c. (Last) York
13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS
15. BIRTHPLACE (State or foreign country): Clovis New Mex.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY: 5 mo WEEKS
18b. WEIGHT AT BIRTH: / LBS. 0 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 1939.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prematurity
20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Previous Spont. abortion
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10 P. m.
23a. ATTENDANT'S SIGNATURE: L. Stephens (Specify if M.D., midwife, or other) M.D.
23b. DATE SIGNED: 6-29-53
23c. ATTENDANT'S ADDRESS: Moscow
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: June 29, 1953
25c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
25d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 7/3/53
REGISTRAR'S SIGNATURE: Lois E. Angel
26. FUNERAL DIRECTOR: H. R. Short
ADDRESS: Moscow, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 7 - 1953
DIVISION OF VITAL STATISTICS

(1953 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 24
Local Reg. No. 630
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 26, 1953

7. FATHER'S NAME: a. (First) Unknown b. (Middle) c. (Last) Unknown

8. COLOR OR RACE: Cauc.

9. AGE (At time of this birth): Unknown YEARS

10. BIRTHPLACE (State or foreign country): Unknown

11a. USUAL OCCUPATION: Unknown

11b. KIND OF BUSINESS OR INDUSTRY: Unknown

12. MOTHER'S MAIDEN NAME: a. (First) Lucille b. (Middle) Marian c. (Last) Laird

13. COLOR OR RACE: Cauc.

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Roberts, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Anna D. Laird Grandmother

18a. LENGTH OF PREGNANCY: 21 WEEKS

18b. WEIGHT AT BIRTH: LBS. 1 3/4 OZS.

19. Was a standard serological test for syphilis performed? Yes XX No
Approximate date June 18, 1953 Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity (4½ months)

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:00 *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. C. Laird, M. D.

23b. DATE SIGNED: 6-26-53

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6-26-53

25c. NAME OF CEMETERY OR CREMATORY: Rexburg

25d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 6-26-53

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Kenneth Standen

ADDRESS: Rexburg Idaho

Form DPH-48020 (2nd twin born alive but died)

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 6 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 96
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston
c. FULL NAME OF HOSPITAL ~~OR INSTITUTION~~ St Joseph's.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Wash b. COUNTY Asotin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkston
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Inf Son Mr & Mrs Raymond Musoll

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) June (Day) 1 (Year) 1953

7. FATHER'S NAME a. (First) Raymond b. (Middle) c. (Last) Musoll

8. COLOR OR RACE White

9. AGE (At time of this birth) 27 YEARS

10. BIRTHPLACE (State or foreign country) Cottonwood Ida

11a. USUAL OCCUPATION Co Salesman

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) M. c. (Last) Leland

13. COLOR OR RACE White

14. AGE (At time of this birth) 27 YEARS

15. BIRTHPLACE (State or foreign country) South Dakota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none.

17. INFORMANT X Raymond B Musoll

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1939.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Intra uterine Asphxia

20b. MATERNAL CAUSES ?

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Infant dead 24 hrs before delivery

22. STATE ALL OPERATIONS FOR DELIVERY Induced after Infant Death

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Will Pierce M.D.

23b. DATE SIGNED 6/2/53.

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) removal

25b. DATE June 2 - 1953

25c. NAME OF CEMETERY OR CREMATORY Vineland

25d. LOCATION (City, town, or county) Clarkston, (State) Wash

DATE REC'D BY LOCAL REG. June 2, 1953

REGISTRAR'S SIGNATURE Jean Wegelin

26. FUNERAL DIRECTOR A.H. Vassar

ADDRESS Lewiston, Idaho

Form DPH-48020

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PHS-797(VS) 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

JUL 18 1953 RECEIVED
DIVISION OF VITAL STATISTICS

JUL 14 1953
DIVISION OF VITAL STATISTICS

(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 6
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY TWIN FALLS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MAGIC VALLEY MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO
b. COUNTY TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KIMBERLY
d. STREET ADDRESS (If rural, give location) BOX 505 (OAK STREET)

3. CHILD'S NAME (Type or Print)

4. SEX MALE

5a. THIS BIRTH SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) 6 (Day) 20 (Year) 53

7. FATHER'S NAME a. (First) JOHN b. (Middle) FRANCIS c. (Last) MORGAN

8. COLOR OR RACE W

9. AGE (At time of this birth) 34 YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION WHITE SUGAR BOILER

11b. KIND OF BUSINESS OR INDUSTRY AMALGAMATED SUGAR CO.

12. MOTHER'S MAIDEN NAME a. (First) VERA b. (Middle) ****** c. (Last) JENSEN

13. COLOR OR RACE W

14. AGE (At time of this birth) 33 YEARS

15. BIRTHPLACE (State or foreign country) CLEVELAND, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY 20 WEEKS

18b. WEIGHT AT BIRTH Not known LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes YES No .....
Approximate date Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Premature separation placenta

20b. MATERNAL CAUSES None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harwood L. Stone

23b. DATE SIGNED 6-20-53

23c. ATTENDANT'S ADDRESS Twin Falls, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 7-10-53

REGISTRAR'S SIGNATURE [illegible]

26. FUNERAL DIRECTOR ADDRESS

Form DPH-48020

Dr Hulme
1st NATL BANK

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 13 1953
DIVISION OF VITAL STATISTICS

(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 092
Local Reg. No. 276
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #2 Boise

3. CHILD'S NAME (Type or Print): Baby Boy Field

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [X] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 7 25 53

7. FATHER'S NAME: a. (First) Darrell b. (Middle) unknown c. (Last) Field

8. COLOR OR RACE: white

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Meridian, Idaho

11a. USUAL OCCUPATION: Real Estate

11b. KIND OF BUSINESS OR INDUSTRY: Real Estate

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) [illegible] c. (Last) Stiley

13. COLOR OR RACE: white

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Kimberly, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: x Darrell L. Field

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Feb. 1953. Y36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia due to strangulation by cord.

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cord wrapped 4 times about neck

22. STATE ALL OPERATIONS FOR DELIVERY: Mid-forceps; episiotomy.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme,

23b. DATE SIGNED: 7-29-53.

23c. ATTENDANT'S ADDRESS: Boise, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 27, 1953

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 7-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Russell J. Relyea

ADDRESS: 318 N. Latah
RELYEA MORTUARY Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

State File No. 093
Local Reg. No. 190
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 748 N. Fifth

3. CHILD'S NAME (Type or Print): Infant Thiros

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 10, 1953

7. FATHER'S NAME: a. (First) Sam b. (Middle) B. c. (Last) Thiros

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Restaurant owner

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Bonnie b. (Middle) c. (Last) Donaldson

13. COLOR OR RACE: White

14. AGE (At time of this birth) YEARS:

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Sam B. Thiros

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: Y36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulated by cord 6 times about neck

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] Pocatello Idaho

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7-11-53

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR: N. E. Vessa ADDRESS: Pocatello, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

JUL 11 1953
DIVISION OF VITAL STATISTICS

State File No. 094
Local Reg. No. 230
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): LINDA TAYLOR

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 7- 4- 1953

7. FATHER'S NAME: a. (First) Claude b. (Middle) Albert c. (Last) Taylor

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Arco, Idaho.

11a. USUAL OCCUPATION: Cement Finisher

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Genevieve b. (Middle) c. (Last) Wadsworth

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Wilson Lane, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Five
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Claude Albert Taylor

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date 5 July 53. Negative result Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Fetal death at 6 months

22. STATE ALL OPERATIONS FOR DELIVERY: Rupture of membranes

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:50 p. m.

23a. ATTENDANT'S SIGNATURE: Walter D Hoge (Specify if M. D., midwife, or other): M. D.

23b. DATE SIGNED: July 5, 1953

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 5, 1953

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest

25d. LOCATION (City, town, or county) (State): Arco, Idaho.

DATE REC'D BY LOCAL REG. July 4 1953.

REGISTRAR'S SIGNATURE: Mrs Arlene E. Patrick

26. FUNERAL DIRECTOR: John C. Sandberg.

ADDRESS: Blackfoot, Idaho

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PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 095
Local Reg. No. 62
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Reynolds

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) July (Day) 24 (Year) 1953

7. FATHER'S NAME
a. (First): Gerald
b. (Middle): Ray
c. (Last): Reynolds

8. COLOR OR RACE: W

9. AGE (At time of this birth): 18 YEARS

10. BIRTHPLACE (State or foreign country): Grangeville, Idaho

11a. USUAL OCCUPATION: Forest Service

11b. KIND OF BUSINESS OR INDUSTRY: Government

12. MOTHER'S MAIDEN NAME
a. (First): June
b. (Middle): Margaret
c. (Last): Inghram

13. COLOR OR RACE: W

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Lewiston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mr. Gerald Reynolds

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 26 May 53 Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Bleeding & Cramping 2 days - Cause unknown.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Very sl bleeding past 2 weeks.

22. STATE ALL OPERATIONS FOR DELIVERY: manual version & extraction (arm presentation)

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:15 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Donald Saltman M.D.

23b. DATE SIGNED: 24 July 53

23c. ATTENDANT'S ADDRESS: Grangeville, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 7-24-53

25c. NAME OF CEMETERY OR CREMATORY: Hospital Furnace

25d. LOCATION (City, town, or county) (State): General Hospital, Grangeville, Ida

DATE REC'D BY LOCAL REG. July 24, 1953

REGISTRAR'S SIGNATURE: Ima Cone

26. FUNERAL DIRECTOR: Helen White R.N.

ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL STATISTICS State of Idaho

State File No. 096
Local Reg. No. 110 (a-95)
Reg. Dist. No. 440

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Benedicts

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 527 W D

3. CHILD'S NAME (Type or Print): Clarinda Ann Roach

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) July (Day) 8 (Year) 1953

7. FATHER'S NAME
a. (First): Ray
b. (Middle):
c. (Last): Roach

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Patricia
b. (Middle):
c. (Last): O'Dell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT
X Ray Lee Roach.

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date Jan 1953 X 36.8

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord around neck Intrauterine asphyxia

20b. MATERNAL CAUSES: Baby macerated skin found at birth.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:05 *a.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James E. Sloat M.D.

23b. DATE SIGNED: 7/10/53

23c. ATTENDANT'S ADDRESS: Jerome, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/11/53

25c. NAME OF CEMETERY OR CREMATORY: Jerome

25d. LOCATION (City, town, or county): Jerome (State): Idaho

DATE REC'D BY LOCAL REG.: July 13, 1953

REGISTRAR'S SIGNATURE: Sister M. Rose, OSB

26. FUNERAL DIRECTOR: J R Wiley

ADDRESS: Jerome, Idaho

Form DPH-48020

PHS-797(VS) Dr. Fox
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUL 16 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 097
Local Reg. No. 5
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Washington
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mercer Island
d. STREET ADDRESS (If rural, give location) 3727-88-S-E

3. CHILD'S NAME (Type or Print) Infant Girl Chambelin

4. SEX Female

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) July 6, 1953

7. FATHER'S NAME a. (First) Bart b. (Middle) c. (Last) Chambelin

8. COLOR OR RACE White

9. AGE (At time of this birth) YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION Drug Salesman

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Dorothy b. (Middle) c. (Last) McClun

13. COLOR OR RACE White

14. AGE (At time of this birth) 25 YEARS

15. BIRTHPLACE (State or foreign country) Soda Spring, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Bart Chamberlin DE

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Non viable fetus

20b. MATERNAL CAUSES None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible] M D

23b. DATE SIGNED 7/7/53

23c. ATTENDANT'S ADDRESS Coeur d'Alene, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE July 6, 1953

25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

25d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. 7-7-53

REGISTRAR'S SIGNATURE Lorraine R. Brush

26. FUNERAL DIRECTOR Don English ADDRESS Coeur d' Alene, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 098
Local Reg. No. 79
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Wash
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 105 Whitman

3. CHILD'S NAME (Type or Print): Infant Kinder

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 7/17/53

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Kermit c. (Last) Kinder

8. COLOR OR RACE: white

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Pullman

11a. USUAL OCCUPATION: Service Station Attendant

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Joyce b. (Middle) Dorothy c. (Last) Broenneke

13. COLOR OR RACE: white

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Moscow Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Kenneth K. Kinder

18a. LENGTH OF PREGNANCY: 50 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 1-23-53 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: V

20b. MATERNAL CAUSES: Premature, separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: As above

22. STATE ALL OPERATIONS FOR DELIVERY: Forceps delivery to attempt to save child

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:09 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Doyle M Fuller MD

23b. DATE SIGNED: 7/22/53

23c. ATTENDANT'S ADDRESS: Box 227, Moscow, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): 7/17/53

25b. DATE: Burial

25c. NAME OF CEMETERY OR CREMATORY: City Cemetery

25d. LOCATION (City, town, or county) (State): Pullman Wn.

DATE REC'D BY LOCAL REG.: 8/5/53

REGISTRAR'S SIGNATURE: Lois E. Angel

26. FUNERAL DIRECTOR ADDRESS: Kimball Funeral Home Pullman Wn.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 099
Local Reg. No. 33
Reg. Dist. No. 632

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY BOY MERILL

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 11, 1953

7. FATHER'S NAME: a. (First) Winfred b. (Middle) c. (Last) Merrill

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): North Dakota

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Automobile

12. MOTHER'S MAIDEN NAME: a. (First) Elaine b. (Middle) Davidson c. (Last)

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Winfred W. Merrill

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: Y 34.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Malposition of Fetus.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Version

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Leon H. Cline, M.D.

23b. DATE SIGNED: 7-22-53

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 13, 1953

25c. NAME OF CEMETERY OR CREMATORY: Riverview

25d. LOCATION (City, town, or county) (State): St. Anthony, Idaho

DATE REC'D BY LOCAL REG.: July 22, 1953

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: M. L. Flamm

ADDRESS: St. Anthony, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 25 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No. 130
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location): 713--Vista

3. CHILD'S NAME (Type or Print): Baby Boy Pearson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 14, 1953

7. FATHER'S NAME: a. (First) Wilbur b. (Middle) Leander c. (Last) Pearson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country): Leseuer Center, Minn.

11a. USUAL OCCUPATION: Building Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Housing

12. MOTHER'S MAIDEN NAME: a. (First) Anna b. (Middle) Lucile c. (Last) Sanderlin

13. COLOR OR RACE: White

14. AGE (At time of this birth): 43 YEARS

15. BIRTHPLACE (State or foreign country): Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: W. L. Pearson Lewiston, Idaho

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y32.3

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None, except Prematurity

20b. MATERNAL CAUSES: Eclampsia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hypertension & Eclampsia

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Raymond M Stover M.D.

23b. DATE SIGNED: 7/15/53

23c. ATTENDANT'S ADDRESS: 527 Burrell Ave. LEWISTON

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7-17-53

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: July 15, 1953

REGISTRAR'S SIGNATURE: Jean Wagelins

26. FUNERAL DIRECTOR: Brower-Wann by R. H. Mallon

ADDRESS: Lewiston, Ida.

Form DPH-48020

Dr. R. M. Stover

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 10 1953
DIVISION OF VITAL STATISTICS

State File No. 101
Local Reg. No. 5
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memo. Hosp.	d. STREET ADDRESS (If rural, give location) 388 West Heyburn

3. CHILD'S NAME (Type or Print): Jackie Keith Eastman

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 2, 1953

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Jack	K.	Eastman	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
19 YEARS	Twin Falls, Idaho	Warehouseman	Seed

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Patty		Flinn	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
20 YEARS	Twin Falls, Idaho	a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT		None	None	None

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19 Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date 4-3-6-10

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine asphyxia from Strangulation Cord

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Breech presentation	Breech Extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)	23b. DATE SIGNED
Irvin Anderson MD	7/6/53

23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
Filer, Idaho			

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	7-6-1953	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
7-8-53	Donna Rae D. Phillips		Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 18 1953
DIVISION

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 221 So. Washington

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 221 So. Washington

3. CHILD'S NAME (Type or Print): EMMA JO MAGOFFIN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 3, 1953

7. FATHER'S NAME: a. (First) Clarence W. b. (Middle) c. (Last) Magoffin

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Alpha b. (Middle) Lee c. (Last) Cederburg

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT:

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date: Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity - 6 months

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dean H. Ashlock MD

23b. DATE SIGNED: 13 July 53

23c. ATTENDANT'S ADDRESS: Twin Falls

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/3/53

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE: Donna Koch

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: White Mortuary
Twin Falls, Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103
Local Reg. No. 6
Reg. Dist. No. 462

RECEIVED
JUL 28 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 418 Madison Street

3. CHILD'S NAME (Type or Print): EDNA FOLSOM

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 7 (Day) 19 (Year) 53

7. FATHER'S NAME: a. (First) Roy b. (Middle) Frank c. (Last) Folsom

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Colorado

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Retail

12. MOTHER'S MAIDEN NAME: a. (First) Lillian b. (Middle) c. (Last) Boss

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Roy Frank Folsom

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date 439.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Multiple Anomalies

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dean H. Applecle MD

23b. DATE SIGNED: 21 July

23c. ATTENDANT'S ADDRESS

24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician) TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/20/53

25c. NAME OF CEMETERY OR CREMATORY: Filer

25d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 7-27-53

REGISTRAR'S SIGNATURE: Donna Reid

26. FUNERAL DIRECTOR ADDRESS: S. C. Phillips

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
AUG 12 1953
DIVISION OF VITAL STATISTICS

State File No. 104
Local Reg. No. 74
Reg. Dist. No. 3018

1. PLACE OF STILLBIRTH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley County Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smiths Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Peacock

4. SEX: M

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 28, 1953

7. FATHER'S NAME: a. (First) Grant b. (Middle) William c. (Last) Peacock

8. COLOR OR RACE: Caus

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Hartville, Mo.

11a. USUAL OCCUPATION: Const. supt.

11b. KIND OF BUSINESS OR INDUSTRY: heavy Const.

12. MOTHER'S MAIDEN NAME: a. (First) Fern b. (Middle) Thelma c. (Last) Young

13. COLOR OR RACE: caus

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Kirksville, Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Mrs. Grant Peacock (Ht)

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 7 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: May, 53 Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 0 Probable

20b. MATERNAL CAUSES: Chronic placenta abruptio.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY: 0

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D. B. Patterson M.D.

23b. DATE SIGNED: 8-1-53

23c. ATTENDANT'S ADDRESS: Cascade

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 7-28-53

25c. NAME OF CEMETERY OR CREMATORY: MARGRET

25d. LOCATION (City, town, or county) (State): CASCADE Idaho

DATE REC'D BY LOCAL REG.: Aug 5 1953

REGISTRAR'S SIGNATURE: Hazelle M. Gardner

26. FUNERAL DIRECTOR ACTING: Jack Badley

ADDRESS: Cascade Cowan Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 105
Local Reg. No. 316
Reg. Dist. No. 8 70

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 504 N. Atlantic

3. CHILD'S NAME (Type or Print): Baby Boy Smock

4. SEX: Male

5a. THIS BIRTH: SINGLE [XX] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 8/28/53

7. FATHER'S NAME: a. (First) Emerson b. (Middle) Carlyle c. (Last) Smock

8. COLOR OR RACE: white

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Dairy

12. MOTHER'S MAIDEN NAME: a. (First) Patricia b. (Middle) Fay c. (Last) Wood

13. COLOR OR RACE: white

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): O'Neil Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: X Emerson Smock

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis-Fetalis-

20b. MATERNAL CAUSES: R. H Factor-

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11 P.M. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Max L. Sudmundsen MD

23b. DATE SIGNED: 9-2-53

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): cremated

25b. DATE: 9/1/53

25c. NAME OF CEMETERY OR CREMATORY: St. Lukes Hospital

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-4-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Russell J. Relyea
RELYEA MORTUARY

ADDRESS: 318 N. Latah
Boise, Idaho

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
SEP 3 - 1953
DIVISION OF VITAL STATISTICS

State File No. 106
Local Reg. No. 1
Reg. Dist. No. 300

1. PLACE OF STILLBIRTH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital, Inc.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY BOY HUTCHISON

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 7 1953

7. FATHER'S NAME: a. (First) GEORGE b. (Middle) EMERY c. (Last) HUTCHISON

8. COLOR OR RACE: white

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Indian Valley, Idaho

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY: General Store

12. MOTHER'S MAIDEN NAME: a. (First) MARY b. (Middle) CHRISTINE c. (Last) LARSEN

13. COLOR OR RACE: white

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Gooding, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? ----
b. How many children were born alive but are now dead? ----
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? ----

17. INFORMANT: Christine Hutchison

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date March 7, 1953 Y 37.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cerebral anoxia

20b. MATERNAL CAUSES: Disproportion

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Mid - forceps - L M L Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:45 p *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bernard S. Graur M.D.

23b. DATE SIGNED: 8-18-53

23c. ATTENDANT'S ADDRESS: Council, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-8-53

25c. NAME OF CEMETERY OR CREMATORY: Indian Valley Cem.

25d. LOCATION (City, town, or county) (State): Indian Valley, Idaho

DATE REC'D BY LOCAL REG.: 8-13-53

REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Mrs. O. C. Larsen ADDRESS: Cambridge, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 19 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107
Local Reg. No. 232
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 25 Campus Drive

3. CHILD'S NAME (Type or Print): MAKOWSKI

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 9, 1953

7. FATHER'S NAME
a. (First): John
b. (Middle): Adam
c. (Last): Makowski

8. COLOR OR RACE: white

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Braddock, Pa.

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY: Naval Ordnance Plant

12. MOTHER'S MAIDEN NAME
a. (First): Louise
b. (Middle): Evelyn
c. (Last): Chennoweth

13. COLOR OR RACE: white

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Caldwell, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 1

17. INFORMANT: Louise Evelyn Makowski, mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date August, 1952 Y 39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found. [Post mortem examination done]

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:05 p. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. L. Deane M.D.

23b. DATE SIGNED: 12 Aug 1953

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: JUN. 11, 1953

25c. NAME OF CEMETERY OR CREMATORY: MOUNTAINVIEW

25d. LOCATION (City, town, or county) (State): POCATELLO IDAHO

DATE REC'D BY LOCAL REG.: SEP 16 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR ADDRESS: Byron B. Hammond by S.X. POCATELLO, IDAHO

(over)

Form DPH-48020

It was known that this infant was dead approx 3 weeks before delivery. It was a macerated fetus. There was no cause found either fetal or maternal that would account for this.

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

(Supplement to Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 108
Local Reg. No. 227
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 748 North 5th

3. CHILD'S NAME (Type or Print): Baby Girl Thiros

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 10, 1953

7. FATHER'S NAME: a. (First) Sam b. (Middle) Bill c. (Last) Thiros

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Cafe owner

11b. KIND OF BUSINESS OR INDUSTRY: Self-employed

12. MOTHER'S MAIDEN NAME: a. (First) Bonnie b. (Middle) Jean c. (Last) Donaldson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Bonnie Thiros, Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 1360

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Babe strangled - cord tightly around neck
20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Dead baby

22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:45 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]
23b. DATE SIGNED: 8/25/53
23c. ATTENDANT'S ADDRESS: Pocatello
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: July 11, 1953
25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. SEP 14 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
26. FUNERAL DIRECTOR: Jack Henderson
ADDRESS: Pocatello, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 109
Local Reg. No. 210
Reg. Dist. No. 510

RECEIVED JUL 25 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 846 North Main

3. CHILD'S NAME (Type or Print): Infant Girl Taylor

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 22, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) Lewis c. (Last) Taylor

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Spokane, Washington

11a. USUAL OCCUPATION: Lieutenant

11b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

12. MOTHER'S MAIDEN NAME: a. (First) Patricia b. (Middle) Leone c. (Last) Petersen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Long Beach, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: James Taylor, Father

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: Not done LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date December, 1952 Y 39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy, Rt Medio-lateral

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:45 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jay P. Merkley M.D.

23b. DATE SIGNED: 7-22-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 7-22-53

25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. JUL 24 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR ADDRESS: Paul R. Hoff Adm. Bannock Mem Hosp

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
AUG 26 1953
DIVISION OF VITAL STATISTICS

State File No. 110
Local Reg. No. 211
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 840 West Lander

3. CHILD'S NAME (Type or Print): Infant Girl Holden

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 1, 1953

7. FATHER'S NAME
a. (First): George
b. (Middle): Earl
c. (Last): Holden

8. COLOR OR RACE: White

9. AGE (At time of this birth): Thirty-two YEARS

10. BIRTHPLACE (State or foreign country): Scotts Bluff, Neb.

11a. USUAL OCCUPATION: Foreman

11b. KIND OF BUSINESS OR INDUSTRY: Orange Transportatio

12. MOTHER'S MAIDEN NAME
a. (First): Marva
b. (Middle): Earnestine
c. (Last): Brown

13. COLOR OR RACE: White

14. AGE (At time of this birth): Twenty-two YEARS

15. BIRTHPLACE (State or foreign country): Veroa, Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: None
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Mava Holden Mother

18a. LENGTH OF PREGNANCY: 5½-6mo WEEKS

18b. WEIGHT AT BIRTH: ? LBS. ? OZS.

19. Was a standard serological test for syphilis performed? Yes XX No
Approximate date April, 1953 Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature Separation of Placenta

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:52 P.M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jay R. Merkley, MD

23b. DATE SIGNED: 8-4-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Aug. 1, 1953

25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: AUG 25 1953

REGISTRAR'S SIGNATURE: Darlene Archibald

26. FUNERAL DIRECTOR ADDRESS: Earl Rhoades Administrator Bannock Memorial Hospital

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 111
Local Reg. No. 288
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1553 East Center

3. CHILD'S NAME (Type or Print): Ronald Stewart

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 7, 1953

7. FATHER'S NAME
a. (First): William
b. (Middle): Andersen
c. (Last): Stewart

8. COLOR OR RACE: White

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): Cedar City, Utah

11a. USUAL OCCUPATION: Grocery owner

11b. KIND OF BUSINESS OR INDUSTRY: Self

12. MOTHER'S MAIDEN NAME
a. (First): Arva
b. (Middle):
c. (Last): Murdock

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): Victor, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: Two
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Arva Stewart Mother

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 1 OZS.

19. Was a standard serological test for syphilis performed? Yes xx No ____
Approximate date: 1 3 2 4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Six months gestation

20b. MATERNAL CAUSES: Toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Rupture of Membrane

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:31 P.M. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. S. Pastorgue M. D.

23b. DATE SIGNED: 8-25-53

23c. ATTENDANT'S ADDRESS: Pocatello, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL | **TITLE**

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: August 10, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 1[illegible] 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Jack Henderson

ADDRESS: Pocatello, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
AUG 10 1953
DIVISION OF VITAL STATISTICS

State File No. 112
Local Reg. No. 237
Reg. Dist. No. 6-2

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location): Route # 1

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 1, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) Leroy c. (Last) Anderson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country): Central, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Lucille b. (Middle) Anne c. (Last) Benson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country): Ivens, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Father
James Leroy Anderson

18a. LENGTH OF PREGNANCY: 8 mos WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Intermittent hemorrhage

22. STATE ALL OPERATIONS FOR DELIVERY: Manual extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:55 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. W. Van Packer MD

23b. DATE SIGNED: 8-2-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: August 2-53

25c. NAME OF CEMETERY OR CREMATORY: Firth Cem.

25d. LOCATION (City, town, or county) (State): Firth- Bingham County

DATE REC'D BY LOCAL REG.: Aug. 1-1953.

REGISTRAR'S SIGNATURE: Mrs Walter E. Palmer

26. FUNERAL DIRECTOR (Acting) ADDRESS:
James Leroy Anderson
~~James Leroy Anderson~~
Firth, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 113
Local Reg. No. #
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 215 Forest

3. CHILD'S NAME (Type or Print): Baby Boy Perks

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 28, 1953

7. FATHER'S NAME: a. (First) Floyd b. (Middle) c. (Last) Perks

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Sandpoint, Idaho

11a. USUAL OCCUPATION: Printer

11b. KIND OF BUSINESS OR INDUSTRY: Eclipse Printery

12. MOTHER'S MAIDEN NAME: a. (First) Eunice b. (Middle) L. c. (Last) Davis

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): LeAnse, Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Eunice L. Perks

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 5/1/53 Y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia - Torsion of cord.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Foetal death 3½ wks before birth

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Milburn C Hayden Med.

23b. DATE SIGNED: 9/2/53

23c. ATTENDANT'S ADDRESS: Sandpoint

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Rem.

25b. DATE: Aug. 28, 1953

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53

REGISTRAR'S SIGNATURE: Grace Ralph

26. FUNERAL DIRECTOR ADDRESS

Form DPH-48020

RECEIVED

AUG 24 1953

DIVISION OF VITAL STATISTICS

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116
Local Reg. No. 164
Reg. Dist. No. 61-D

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1085 Idaho ave

3. CHILD'S NAME (Type or Print): Baby Wilson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 9 - 1953

7. FATHER'S NAME: a. (First) Frank b. (Middle) Marion c. (Last) Wilson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Ophir, Utah

11a. USUAL OCCUPATION: Machinist

11b. KIND OF BUSINESS OR INDUSTRY: Industrial

12. MOTHER'S MAIDEN NAME: a. (First) May b. (Middle) Marie c. (Last) Burton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Hanlin, W. Virginia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? —
b. How many children were born alive but are now dead? —
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? —

17. INFORMANT: Frank M. Wilson

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1938.3

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Mongolianism

20b. MATERNAL CAUSES: Premature separation placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. Adams MD.

23b. DATE SIGNED: 8/11/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE: MD

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 11-1953

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Aug. 19-1953

REGISTRAR'S SIGNATURE: Lenna Bridges

26. FUNERAL DIRECTOR: Leo A. Williams

ADDRESS: Idaho Falls,

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 115
Local Reg. No. 26-53
Reg. Dist. No. 100

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Star Route 1

3. CHILD'S NAME (Type or Print): None

4. SEX: M

5a. THIS BIRTH: SINGLE [✓] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 8 1953

7. FATHER'S NAME: a. (First) Jack. b. (Middle) Stanford c. (Last) Malcom

8. COLOR OR RACE: W

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Joplin, Mo.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: farming

12. MOTHER'S MAIDEN NAME: a. (First) Frances b. (Middle) Lucille c. (Last) Cullens

13. COLOR OR RACE: W

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Gold City, Kan.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Frances Malcom

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date March '53 Y34,2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hyperextension of neck c̄ pressure on cervical spinal cord during 1st stage of labor.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Brow presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Manual rotation + low forceps delivery in chin anterior position

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerald W. Dunsmore, M.D.

23b. DATE SIGNED: 8/17/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: August 8, 53

25c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

25d. LOCATION (City, town, or county) (State): Boundary County Idaho

DATE REC'D BY LOCAL REG.: 8-17-53

REGISTRAR'S SIGNATURE: C. M. Dorrell

26. FUNERAL DIRECTOR: E. H. Whitney

ADDRESS: Bonners Ferry Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 14 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116
Local Reg. No. 3
Reg. Dist. No. 363

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Meridian
d. STREET ADDRESS (If rural, give location): Route 1

3. CHILD'S NAME (Type or Print): Metzger

4. SEX: Femal

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 30, 1953

7. FATHER'S NAME: a. (First) David b. (Middle) L c. (Last) Metzger

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): New Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Virginia b. (Middle) c. (Last) McCraw

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: David L. Metzger

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date y 36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Abruptio Placenta
20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. L. Rodewell MD
23b. DATE SIGNED: 9-8-53
23c. ATTENDANT'S ADDRESS: Nampa Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Sept. 3, 53
25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cem.
25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Sept 6, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stuck
26. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 117
Local Reg. No. 3
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Preston General Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Frankin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 266 S. 4th West

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) Aug (Day) 2 (Year) 1953

7. FATHER'S NAME
a. (First): Arland
b. (Middle): Gloyd
c. (Last): Purser

8. COLOR OR RACE: W

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Utah

11a. USUAL OCCUPATION: Meat Delivery

11b. KIND OF BUSINESS OR INDUSTRY: Packing Co

12. MOTHER'S MAIDEN NAME
a. (First): Floris
b. (Middle):
c. (Last): Chadwick

13. COLOR OR RACE: W

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Arland G. Purser

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Apr 1953 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature rupt. of membranes & placental separation

20b. MATERNAL CAUSES: –

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Same as (20.a)

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:55 *p.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Merl G Baines D. MD

23b. DATE SIGNED: 3 Aug 1953

23c. ATTENDANT'S ADDRESS: Preston Idaho

If NOT attended by physician: **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug 4 1953

25c. NAME OF CEMETERY OR CREMATORY: Preston

25d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 8-4-53

REGISTRAR'S SIGNATURE: Effie W. Brower

26. FUNERAL DIRECTOR: Thomas Mills

ADDRESS: Preston Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
AUG 17 1953
DIVISION OF VITAL STATISTICS

State File No. 118
Local Reg. No. 4
Reg. Dist. No. 540

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 266 S. 4th West.

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug 3 1953

7. FATHER'S NAME: a. (First) Orland b. (Middle) Lloyd c. (Last) Purser

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Utah

11a. USUAL OCCUPATION: meat delivery

11b. KIND OF BUSINESS OR INDUSTRY: packing house

12. MOTHER'S MAIDEN NAME: a. (First) Flora b. (Middle) [illegible] c. (Last) Chadwick

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Orland L. Purser

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: Apr. 1953 Y 36 12

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature rupt. of membranes and placental separation

20b. MATERNAL CAUSES: –

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Same as (20. a)

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:56 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Newel G. Daines Jr. M.D.

23b. DATE SIGNED: 3 Aug 1953

23c. ATTENDANT'S ADDRESS: Preston, Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: Aug 4 1953

25c. NAME OF CEMETERY OR CREMATORY: Preston

25d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 8-4-53

REGISTRAR'S SIGNATURE: Effie W. Browne

26. FUNERAL DIRECTOR ADDRESS: [illegible] Preston Idaho

Form DPH-48020

RECEIVED

AUG 17 1953

DIVISION OF VITAL STATISTICS

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 119
Local Reg. No. 6
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 2 miles North State

3. CHILD'S NAME (Type or Print) Baby Girl Davis

4. SEX Female
5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug 5 1953

7. FATHER'S NAME a. (First) Lloyd b. (Middle) Edison c. (Last) Davis
8. COLOR OR RACE White

9. AGE (At time of this birth) 33 YEARS
10. BIRTHPLACE (State or foreign country) Preston Idaho
11a. USUAL OCCUPATION Butcher
11b. KIND OF BUSINESS OR INDUSTRY Retail Meat Store

12. MOTHER'S MAIDEN NAME a. (First) Ione b. (Middle) c. (Last) Hopson
13. COLOR OR RACE White

14. AGE (At time of this birth) 31 YEARS
15. BIRTHPLACE (State or foreign country) Michigan
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT D. E. Davis

18a. LENGTH OF PREGNANCY 34 WEEKS
18b. WEIGHT AT BIRTH 3 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date 4-36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES unknown
20b. MATERNAL CAUSES Premature separation of Placenta
Toxemia of Pregnancy.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
Toxemia - Premature Separation of Placenta
22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.
23a. ATTENDANT'S SIGNATURE O. R. Cutler
(Specify if M. D., midwife, or other) MD
23b. DATE SIGNED 8-5-53
23c. ATTENDANT'S ADDRESS Preston Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE Aug 5 1953
25c. NAME OF CEMETERY OR CREMATORY Preston
25d. LOCATION (City, town, or county) (State) Preston Idaho

DATE REC'D BY LOCAL REG. 8-5-53
REGISTRAR'S SIGNATURE Effie M. Browne
26. FUNERAL DIRECTOR Sherman Webb
ADDRESS Preston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 120
Local Reg. No. 155 (634)
Reg. Dist. No. 4

RECEIVED AUG 15 1953 VITAL STATISTICS DIVISION

1. PLACE OF STILLBIRTH a. COUNTY: JEROME b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: IDAHO b. COUNTY: GOODING c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN d. STREET ADDRESS (If rural, give location): ABOUT 4 MI. SO.

7 mo.

3. CHILD'S NAME (Type or Print): INFANT GIRL Donna LaVerne Henslee

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
F	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	AUG. 8, 1953

3

7. FATHER'S NAME			8. COLOR OR RACE
a. (First)	b. (Middle)	c. (Last)	
ELMER mg.	WAYNE	HENSLEE Rancher	

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	mo.	RANCHER	FARMING

39

12. MOTHER'S MAIDEN NAME			13. COLOR OR RACE
a. (First)	b. (Middle)	c. (Last)	
FAITH neb.	LaVERN	(PEARSON) HENSLEE	W

32

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
32 YEARS	NEB.	FOUR	NONE	NONE

17. INFORMANT: Elmer Wayne Henslee

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
WEEKS	LBS. OZS.	Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature Separation of Placenta - probably due to infarction

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:15 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold G. Holsinger, MD.

23b. DATE SIGNED: 8-8-53

23c. ATTENDANT'S ADDRESS: Wendell, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)	
BURIAL	8/8/1953	HAGERMAN	CITY	IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Aug. 12, 1953	Sister M. Rose, OSB.	J. Forrest Weaver	Wendell Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1940 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
AUG - 6 1953
DIVISION OF VITAL STATISTICS

State File No. 121
Local Reg. No. 6
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 706 N. 12th

3. CHILD'S NAME (Type or Print): Baby Boy Dingman

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug 1 1953

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) E. c. (Last) Dingman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Labor

11b. KIND OF BUSINESS OR INDUSTRY: Sawmill

12. MOTHER'S MAIDEN NAME: a. (First) Pauline b. (Middle) F. c. (Last) Bonu

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mr. Kenneth Dingman

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature Separation of Placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy & Repair.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William T. Wood M.D.

23b. DATE SIGNED: Aug. 1, 1953

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-3-53

25c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 8-3-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Gates

ADDRESS: Coeur d'Alene Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 122
Local Reg. No. 7
Reg. Dist. No. 120

RECEIVED
AUG 31 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spirit Lake Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Hauck

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 8 14 53

7. FATHER'S NAME: a. (First) Lester b. (Middle) Clark c. (Last) Hauck

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Canada

11a. USUAL OCCUPATION: Woodsworker

11b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry

12. MOTHER'S MAIDEN NAME: a. (First) Emily b. (Middle) L. c. (Last) Briggs

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mr. Lester Hauck, Spirit Lake, Ida.

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date April 1953 Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: True Knot In Cord With Obstruction Of Circulation

20b. MATERNAL CAUSES: 0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Lynn C. Jedrikson MD M.D.

23b. DATE SIGNED: 8/19/53

23c. ATTENDANT'S ADDRESS: Spirit Lake, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-16-53

25c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

25d. LOCATION (City, town, or county) (State): Spirit Lake, Idaho

DATE REC'D BY LOCAL REG.: 8-21-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Gates Coeur d'Alene

ADDRESS:

Form DPH-48020

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Mark Elliot Hauck

now lying buried in Greenwood Cemetery, in the City or Town of Spirit Lake

County of Kootenai State of Idaho, who died on the 14 day of August, 1953, Aged ____ years ____ months

____ days, the cause of death being Stillborn and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Lynn C. Fredrikson attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Morris Hill Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Kootenai it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 21st day of May, A.D. 19 73.

Permit issued to:
Relyea Mortuary
Boise, Idaho

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 123
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
AUG 22 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cobalt
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Brice Edwards Green

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 12 1953

7. FATHER'S NAME
a. (First): Thomas
b. (Middle): L.
c. (Last): Green

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Small, Idaho

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY: Mining

12. MOTHER'S MAIDEN NAME
a. (First): Harriett
b. (Middle): Larie
c. (Last): Crain

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): May, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: one
b. How many children were born alive but are now dead?: none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: none

17. INFORMANT: Thomas L. Green

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation of placenta — 436.2

20b. MATERNAL CAUSES: Inertia uteri

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Twin Pregnancy

22. STATE ALL OPERATIONS FOR DELIVERY: Low forceps - Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Roy A. Sundun M.D.

23b. DATE SIGNED: 8-15-53

23c. ATTENDANT'S ADDRESS: Salmon Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-14-53

25c. NAME OF CEMETERY OR CREMATORY: May

25d. LOCATION (City, town, or county) (State): May, Idaho

DATE REC'D BY LOCAL REG.: Aug-20-53

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Kenneth Klingler

ADDRESS: Salmon, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED SEP 25 1953 DIVISION OF VITAL STATISTICS

State File No. 124
Local Reg. No. 44
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert General.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert.
d. STREET ADDRESS (If rural, give location): East 3rd St.

3. CHILD'S NAME (Type or Print): David Franklin Popplewell

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (Was child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 3 1953

7. FATHER'S NAME: a. (First) Gholson b. (Middle) F. c. (Last) Popplewell

8. COLOR OR RACE: White.

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Arkansas.

11a. USUAL OCCUPATION: Labor.

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary. b. (Middle) P. c. (Last) Blakemore

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 9
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Frank Popplewell

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 34.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Ruptured uterus.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Ruptured uterus during labor

22. STATE ALL OPERATIONS FOR DELIVERY: Emergency Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): A F Dalley M D

23b. DATE SIGNED: 8/25/53

23c. ATTENDANT'S ADDRESS: Rupert, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 5. 1953

25c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

25d. LOCATION (City, town, or county) (State): Rupert. Idaho

DATE REC'D BY LOCAL REG.: 8-26-53

REGISTRAR'S SIGNATURE: E. P. Johnson

26. FUNERAL DIRECTOR: Rodney Goodman

ADDRESS: Rupert Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 19 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 135
Local Reg. No. 14
Reg. Dist. No. 500

1. PLACE OF STILLBIRTH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Schultz Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho. b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterling
d. STREET ADDRESS (If rural, give location): R.F.D.

3. CHILD'S NAME (Type or Print): ARCHIE JAMES MOON

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 13, 1953

7. FATHER'S NAME: a. (First) Leo b. (Middle) E. c. (Last) Moon

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Cherry Creek, Idaho.

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Nellie b. (Middle) Marie c. (Last) Findlay

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Five
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Leo Moon Father

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date February 1953

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapsed cord and transverse (shoulder presentation) Internal version with prolonged second stage.

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Transverse (Shoulder) requiring Podalic version

22. STATE ALL OPERATIONS FOR DELIVERY: Podalic version & breeching extraction.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE: F. F. Harms. (Specify if M. D., midwife, or other): M. D.

23b. DATE SIGNED: 8-15-53

23c. ATTENDANT'S ADDRESS: American Falls, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-15-53

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: 8-15-53

REGISTRAR'S SIGNATURE: Gertrude Thornhill

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 11 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 120
Local Reg. No. 11
Reg. Dist. No. 14-6

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Box 25
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Gilman

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) July (Day) 24 (Year) 1953

7. FATHER'S NAME
a. (First): Harvey
b. (Middle): Glenn
c. (Last): Gilman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Hamilton, Montana

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY: Sunshine

12. MOTHER'S MAIDEN NAME
a. (First): Genevieve
b. (Middle): Pauline
c. (Last): Carroll

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Missoula, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs Genevieve Gilman

18a. LENGTH OF PREGNANCY: WEEKS 3

18b. WEIGHT AT BIRTH: LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ☐
Approximate date 139.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Underdevelopment of Fetus

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None except Prematurity Underdevelopment

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other): [illegible], M. D.

23b. DATE SIGNED: 8-8-53

23c. ATTENDANT'S ADDRESS: Wallace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 25-53

25c. NAME OF CEMETERY OR CREMATORY: United

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Aug 20-1953

REGISTRAR'S SIGNATURE: Dale L Cornell Reg

26. FUNERAL DIRECTOR: Dale L Cornell

ADDRESS: Wallace Idaho

Form DPH-48020

Chapman

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 9 - 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107
Local Reg. No. 317
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 635 Warm Springs Ave.

3. CHILD'S NAME (Type or Print): Jonathan Michael Stivers.

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 1st. 1953

7. FATHER'S NAME: a. (First) Harry b. (Middle) R. c. (Last) Stivers

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Los Vagas Nevada

11a. USUAL OCCUPATION: Bureau of Reclamation

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Jeanette b. (Middle) c. (Last) Carlson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Chicago Ill.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Harry R. Stivers Boise Idaho

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes. X No.
Approximate date Feb. 1953.
Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None.

20b. MATERNAL CAUSES: Premature Separation of the Placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abruptio Placenta.

22. STATE ALL OPERATIONS FOR DELIVERY: None - spontaneous delivery.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James C. T. Chapman, M.D.

23b. DATE SIGNED: Sept. 3, 1953.

23c. ATTENDANT'S ADDRESS: 209 Main. Boise, Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept 3rd. 53

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 9-4-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Schreiber-McCann-Gibson. ADDRESS: Boise Idaho

J. J. McCann

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
SEP 16 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 126
Local Reg. No. 322
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): R. D. #1

3. CHILD'S NAME (Type or Print): BABY GIRL ASHBY

4. SEX: Female
5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 2, 1953

7. FATHER'S NAME: a. (First) Chester b. (Middle) T. c. (Last) Ashby
8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country): Garland, Utah
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Lovelle b. (Middle) c. (Last) Wheeler
13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS
15. BIRTHPLACE (State or foreign country): Tuscon, Arizona

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Chester T. Ashby R. D. No 1 Caldwell, Idaho

18a. LENGTH OF PREGNANCY: 32 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date Mar 53 Y 39.2

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Erythroblastosis fœtalis
20b. MATERNAL CAUSES: Rh - sensitization

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none
22. STATE ALL OPERATIONS FOR DELIVERY: delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): [illegible]
23b. DATE SIGNED: 9-9-53
23c. ATTENDANT'S ADDRESS: Boise Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 9/14/53
25c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: SUMMERS FUNERAL HOME Clyde E. Summers
ADDRESS: Boise, Idaho

Form DPH-48020

1302.

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

State File No. 129
Local Reg. No. 363
Reg. Dist. No. 6 A-d

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #1

3. CHILD'S NAME (Type or Print): Unnamed

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 24, 1953

7. FATHER'S NAME: a. (First) Gill b. (Middle) Ray c. (Last) Spencer

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: Pipefitter Helper

11b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad

12. MOTHER'S MAIDEN NAME: a. (First) Elaine b. (Middle) c. (Last) Waddoups

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Swan Lake, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Elaine Spencer

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date March
Y31.4

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Rubella – 6 wks gestation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:40 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph Coates MD

23b. DATE SIGNED: Sept. 28, 1953

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Sept. 24,

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hospital

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG. Sept. 30 1953

REGISTRAR'S SIGNATURE Mrs Valerie E. Patrick

26. FUNERAL DIRECTOR Allen Astrogan ADDRESS Blackfoot.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
SEP 21 1953
DIVISION OF VITAL STATISTICS

State File No. 130
Local Reg. No. 5
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ponderay
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Girl Thompson

4. SEX: Fe.
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): September 11, 1953

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Erwin c. (Last) Thompson
8. COLOR OR RACE: W.

9. AGE (At time of this birth): 20 YEARS
10. BIRTHPLACE (State or foreign country): Upton, Wyoming
11a. USUAL OCCUPATION: Groundman
11b. KIND OF BUSINESS OR INDUSTRY: Mt. States Power Co.

12. MOTHER'S MAIDEN NAME: a. (First) Ruby b. (Middle) Ann c. (Last) Baker
13. COLOR OR RACE: W.

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Mrs. Ruby Ann Thomspon

18a. LENGTH OF PREGNANCY: 21 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date 6/14/53 Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Rupture of membranes prematurely
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD
23b. DATE SIGNED: 9/11/53
23c. ATTENDANT'S ADDRESS: Sandpoint
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
25b. DATE: 9-11-53
25c. NAME OF CEMETERY OR CREMATORY:
25d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Grace Ralph
26. FUNERAL DIRECTOR: ADDRESS:

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 131
Local Reg. No. 5-0
Reg. Dist. No. 86-0

RECEIVED SEP 22 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Eagle Pass
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Maria Lousia Delgado

4. SEX: Female
5a. THIS BIRTH: SINGLE [✓] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept 12, 1953

7. FATHER'S NAME: a. (First) Antonia b. (Middle) Martez c. (Last) Delgado
8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 26 YEARS
10. BIRTHPLACE (State or foreign country): Houston, Texas
11a. USUAL OCCUPATION: Farm Laborer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Sebera b. (Middle) Venejas c. (Last) Gallegos
13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 25 YEARS
15. BIRTHPLACE (State or foreign country): Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 3
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Antonio M. Delgado Father

18a. LENGTH OF PREGNANCY WEEKS: 3
18b. WEIGHT AT BIRTH LBS. 11 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: No
20b. MATERNAL CAUSES: Premature seperation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Bleeding during labor
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Oako H. Heaver M.D.
23b. DATE SIGNED: 9/15/53
23c. ATTENDANT'S ADDRESS: Caldwell, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Sept. 14/53
25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 9/16/53
REGISTRAR'S SIGNATURE: Agnes M Denman
26. FUNERAL DIRECTOR: Roville D. Davis
ADDRESS: Davis-Warrick Funeral Home Caldwell, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 132
Local Reg. No. 474
Reg. Dist. No. 6-50

RECEIVED
OCT 3 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Ida
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): None

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 13, 1953

7. FATHER'S NAME: a. (First) Frank b. (Middle) Lewis c. (Last) Masterson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 47 YEARS

10. BIRTHPLACE (State or foreign country): Challis, Ida

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Marcella b. (Middle) — c. (Last) Reis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Pennsylvania, Ohio

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Willis Duie

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 6-8-53 Y39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Inadequate placental tissue

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9-13-53 7:30 p.m.

23a. ATTENDANT'S SIGNATURE: Robert T. Porter (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 9-20-53

23c. ATTENDANT'S ADDRESS: Challis, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Family Plot

25b. DATE: Sept. 13 1953

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Sept. 15, 1953

REGISTRAR'S SIGNATURE: Edna McKenny

26. FUNERAL DIRECTOR: none.

ADDRESS:

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
OCT 6 1953
DIVISION OF VITAL STATISTICS

(Use Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 133
Local Reg. No. 47
Reg. Dist. No. 651

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY BOY POWELL

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept., 27, 1953

7. FATHER'S NAME: a. (First) HARVEY b. (Middle) c. (Last) POWELL

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

11a. USUAL OCCUPATION: Cattleman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) c. (Last) Clements

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Harvey H. Powell St. Anthony Idaho

18a. LENGTH OF PREGNANCY: 44 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes. X No. ____
Approximate date April 1, 1953 Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature separation of placenta

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:25 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. Spencer Parkinson M.D.

23b. DATE SIGNED: 9-30-53

23c. ATTENDANT'S ADDRESS: Ashton, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 29 Sept 53

25c. NAME OF CEMETERY OR CREMATORY: Parker

25d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 29 Sept 53

REGISTRAR'S SIGNATURE: M. L. Hansen

26. FUNERAL DIRECTOR: M. L. Hansen ADDRESS: St Anthony Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 134
Local Reg. No. 94
Reg. Dist. No. 200

RECEIVED SEP 21 1953 DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 4 Miles East of Pelouse, Washington

3. CHILD'S NAME (Type or Print): Kathy June Lueck

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: Sept. 5 1953

7. FATHER'S NAME: a. (First) Charles b. (Middle) Fredrick c. (Last) Lueck

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Moscow, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm

12. MOTHER'S MAIDEN NAME: a. (First) Lilliann b. (Middle) Faye c. (Last) Wall

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Drumheller, Alberta

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs B. F. Wall

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date Jan 1953 - negative V30.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Result of shock to Mother

20b. MATERNAL CAUSES: Shock during labor because of spontaneous bleeding peptic ulcer

Circulatory deficiency for Mother

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None - except for shock during labor

22. STATE ALL OPERATIONS FOR DELIVERY: Outlet forceps on infant

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:55 A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. W. DeBree M. D

23b. DATE SIGNED: 9/7/53

23c. ATTENDANT'S ADDRESS: Pelouse, Wash

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-6-53

25c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery

25d. LOCATION (City, town, or county) (State): Pelouse, Washington

DATE REC'D BY LOCAL REG.: 9/14/53

REGISTRAR'S SIGNATURE: Lois E. Angel

26. FUNERAL DIRECTOR: H. E. Kimball

ADDRESS: Pelouse, Wash.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
OCT 7 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 125
Local Reg. No. 48
Reg. Dist. No. 45-D

1. PLACE OF STILLBIRTH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christensen Maternity Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton rural
d. STREET ADDRESS (If rural, give location): Greenwood District

3. CHILD'S NAME (Type or Print): Richard R. Stark

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 12, 1953

7. FATHER'S NAME: a. (First) Henry b. (Middle) John c. (Last) Stark

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Paul, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Bertha b. (Middle) Mae c. (Last) Rasmussen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Burley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Henry L. Stark Hazelton Ida.

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 1938.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known Had club foot - face deformity

20b. MATERNAL CAUSES: None known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: no

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: 9-15-53

23c. ATTENDANT'S ADDRESS: Rupert Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 14, 1953

25c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

25d. LOCATION (City, town, or county) (State): Rupert, Minidoka Co., Idaho

DATE REC'D BY LOCAL REG.: 10-2-1953

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR: Tom B. McCulloch

ADDRESS: Burley, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 136
Local Reg. No. 370
Reg. Dist. No. 370

RECEIVED
OCT 23 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Booth Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1401 N. 11th. St.

3. CHILD'S NAME (Type or Print): Louise Lyda

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 10, 1953

7. FATHER'S NAME: a. (First) Edward S. Lyda b. (Middle) c. (Last)
8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country): Nampa, Idaho
11a. USUAL OCCUPATION: Carpenter
11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Cala Jane Wittell b. (Middle) c. (Last)
13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country): Caldwell, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT
x Edward S. Lyda

18a. LENGTH OF PREGNANCY: 8½ Months WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 36.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Failure of fetal or placental circulation due to,
20b. MATERNAL CAUSES: Fibrosis of placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. B. Foech M.D.
23b. DATE SIGNED: 10-13-53
23c. ATTENDANT'S ADDRESS: 610 Idaho Bldg Boise
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 10/12/53
25c. NAME OF CEMETERY OR CREMATORY: Dry Creek
25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-20-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise, Idaho
McBratney-Alden

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 374
Reg. Dist. No. 370

RECEIVED
OCT 29 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 305 So. Roosevelt

3. CHILD'S NAME (Type or Print) (Baby Boy) DUANE ROBERT RHODES

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 22, 1953

7. FATHER'S NAME: a. (First) Robert b. (Middle) S. c. (Last) Rhodes

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Salem, Ohio

11a. USUAL OCCUPATION: Radio repairman

11b. KIND OF BUSINESS OR INDUSTRY: Radio

12. MOTHER'S MAIDEN NAME: a. (First) Iola b. (Middle) c. (Last) Vail

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT
x Robert S. Rhodes

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Aug '53 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl D. Rusty M.D.

23b. DATE SIGNED: 10-26-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-28-1953

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-26-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Russell A. Relyea

ADDRESS: 318 N. Latah, Boise, Idaho

RELYEA MORTUARY

Form DPH-48020

PHS-797(VS) Endorsed
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate) Ph 3-4281

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 128
Local Reg. No. 387
Reg. Dist. No. 370

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3009 Woodlawn

3. CHILD'S NAME (Type or Print): William Allen Marler

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 26, 1953

7. FATHER'S NAME: a. (First) Glen b. (Middle) L. c. (Last) Marler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Photo finisher

11b. KIND OF BUSINESS OR INDUSTRY: PHOTO SHOP

12. MOTHER'S MAIDEN NAME: a. (First) Essie b. (Middle) c. (Last) Springer

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Unk.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Glen L. Marler

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 9 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 1-39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Merl Judmundsen M.D.

23b. DATE SIGNED: 10-28-53.

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 29, 1953

25c. NAME OF CEMETERY OR CREMATORY: Dry Creek

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 10-29-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: C. E. Alden McBratney-Alden

ADDRESS: Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
NOV 7 1953
DIVISION OF
S.A. 1371

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139
Local Reg. No. 279
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 596 Willard

3. CHILD'S NAME (Type or Print): LaRay Vacaster

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 11, 1953

7. FATHER'S NAME
a. (First): Earl
b. (Middle): Obed
c. (Last): Vacaster

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Utah

11a. USUAL OCCUPATION: Welder

11b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

12. MOTHER'S MAIDEN NAME
a. (First): Wanda
b. (Middle):
c. (Last): Curtis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): Firth, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: Nine
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Wanda Vacaster, Mother

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date 1939.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature rupture of bag of waters

20b. MATERNAL CAUSES: 10th baby.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Version & Extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:25 P. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. Ray

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS: Pocatello, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 14, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View.

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock Idaho.

DATE REC'D BY LOCAL REG. NOV 6 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Allen L. Manning

ADDRESS: 510 No. 12th Ave. Pocatello Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

RE CERTIFICATE OF STILLBIRTH

State of Idaho

OCT 29 1953
DIVIS. STATISTICS

State File No.
Local Reg. No. 352
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby girl Shreve

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 9-23-53

7. FATHER'S NAME: a. (First) Henry b. (Middle) Joseph c. (Last) Shreve

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Pennyslvania

11a. USUAL OCCUPATION: Station Fireman

11b. KIND OF BUSINESS OR INDUSTRY: Railroad

12. MOTHER'S MAIDEN NAME: a. (First) Venla b. (Middle) Helena c. (Last) Sornsen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Logan, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Venla Shreve Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: April, 1953 Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Placental infarcts & premature separation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert R. Burgoyne, MD

23b. DATE SIGNED: Sept 28, 1953

23c. ATTENDANT'S ADDRESS: Montpelier, Ida

If NOT attended by physician: **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept 25 1953

25c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery

25d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 10/13/53

REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Nile Matthews

ADDRESS: Montpelier Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 45
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In their Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet
d. STREET ADDRESS (If rural, give location): **

3. CHILD'S NAME (Type or Print): Roberta Leo.

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 28th. 1953

7. FATHER'S NAME: a. (First) Hubert b. (Middle) Samuel c. (Last) Leo

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): DeSmet Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Laborer

12. MOTHER'S MAIDEN NAME: a. (First) Moraline b. (Middle) ** c. (Last) Zachery

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Plummer, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Four
b. How many children were born alive but are now dead? Eight
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? **

17. INFORMANT: Mr Hubert Samuel Leo

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. No.
Approximate date 1950

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangler at birth. Was not called in time.

20b. MATERNAL CAUSES: Ten days before Mother fell from a car injuring the child

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Was not there in time to assist

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at Stranulation

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. E. Abeggler DO

23b. DATE SIGNED: Oct 31—53

23c. ATTENDANT'S ADDRESS: Tekoa Wash

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 30, 1953

25c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Mission Ceme tery

25d. LOCATION (City, town, or county) (State): DeSmet Idaho

DATE REC'D BY LOCAL REG.: Nov. 5, 1953

REGISTRAR'S SIGNATURE: Aileen J. Scott

26. FUNERAL DIRECTOR: R. Kimball

ADDRESS: Palouse Wash

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED NOV 2 1953

State File No. 116
Local Reg. No. 216
Reg. Dist. No. 610

Belva Pk. 2511 W

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Bithell

4. SEX: Female

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct - 9 1953

7. FATHER'S NAME: a. (First) Keith b. (Middle) Allen c. (Last) Bithell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Parker, Idaho

11a. USUAL OCCUPATION: Civil Engineer

11b. KIND OF BUSINESS OR INDUSTRY: –

12. MOTHER'S MAIDEN NAME: a. (First) Louie b. (Middle) Elaine c. (Last) Myler

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Osgood, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Keith A & Louie E. Bithell

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date 1936

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: A tight knot in umbilical cord.

20b. MATERNAL CAUSES: None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Fetal death from knot

22. STATE ALL OPERATIONS FOR DELIVERY: Labor induced after fetal death

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L. D. Mellor, M.D.

23b. DATE SIGNED: Oct. 15, 1953

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct-10-1953

25c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Oct. 31-1953

REGISTRAR'S SIGNATURE: Emma Bidgos

26. FUNERAL DIRECTOR: Leo A. Williams ADDRESS: Idaho Falls

Doctor L.D. Mellor
725 Hemlock St. Pocatello

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
NOV 2 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 219
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 128 E 13th St.

3. CHILD'S NAME (Type or Print): Sharlene Diane Fluke

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 14, 1953

7. FATHER'S NAME: a. (First) Walter b. (Middle) Thomas c. (Last) Fluke

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): No. Dakota

11a. USUAL OCCUPATION: Cement Finisher

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Fern b. (Middle) c. (Last) Stringham

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Walter T. Fluke

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Still birth - 7th month gestation

20b. MATERNAL CAUSES: Acute Meningitis (contagious) 36 hrs

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): N E Fuller MD

23b. DATE SIGNED: 10/15/53

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-17-53

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Oct. 28-53

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: Jack A Wood, Jr.

ADDRESS: Idaho Falls Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
NOV 10 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 141
Local Reg. No. 4
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 14th Ave. So.

3. CHILD'S NAME (Type or Print): LAURA ANN BONIN

4. SEX: fem.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 3, 1953

7. FATHER'S NAME
a. (First): PETER
b. (Middle):
c. (Last): BONIN

8. COLOR OR RACE: white

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Hailey

11a. USUAL OCCUPATION: Watch Repair

11b. KIND OF BUSINESS OR INDUSTRY: Jewelry

12. MOTHER'S MAIDEN NAME
a. (First): GERALDINE
b. (Middle):
c. (Last): HURLEY

13. COLOR OR RACE: white

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Peoria, Ill.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Peter H. Bonin

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Placental separation with Hemorrhage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Fracture of Spine

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarian Operation

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bob Saltzer M D

23b. DATE SIGNED: 9/15/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 9/5/53

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG: Nov 1, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Stuck

26. FUNERAL DIRECTOR: Lewis Edmunds

ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
NOV 10 1953
DIVISION VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 1
Local Reg. No. 5
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 520 Almond

3. CHILD'S NAME (Type or Print): Infant girl Holland

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 15, 1953.

7. FATHER'S NAME: a. (First) Milo b. (Middle) Donald c. (Last) Holland

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Longview, Wash.

11a. USUAL OCCUPATION: Stereotyper

11b. KIND OF BUSINESS OR INDUSTRY: Newspaper

12. MOTHER'S MAIDEN NAME: a. (First) Beverly b. (Middle) Ann c. (Last) Hauge

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Mitchell, So. Dakota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Milo D. Holland

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date May 5 - 1953 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None determined clinically

20b. MATERNAL CAUSES: None determined clinically.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Dilitation plus routine induction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:27 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. R. Mangum MD

23b. DATE SIGNED: 10-22-53

23c. ATTENDANT'S ADDRESS: Nampa, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 15, 53

25c. NAME OF CEMETERY OR CREMATORY: Kohlephewn Cem.

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 4, 1953

REGISTRAR'S SIGNATURE: Mrs Jane Steck

26. FUNERAL DIRECTOR: Paul S. Rykert

ADDRESS: Nampa, Ida.

Alois Florence Chapel

Form DPH-48020

PHS-797(VS) NOV 16 1953
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116
Local Reg. No. 6
Reg. Dist. No. 3-62

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1616 8th Street So.

3. CHILD'S NAME (Type or Print): INFANT SON DANIELS

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 28, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) E c. (Last) Daniels
8. COLOR OR RACE: W

9. AGE (At time of this birth): 19 YEARS
10. BIRTHPLACE (State or foreign country): Dean, Iowa
11a. USUAL OCCUPATION: P.F.E. Shops
11b. KIND OF BUSINESS OR INDUSTRY: Rail Road

12. MOTHER'S MAIDEN NAME: a. (First) Delores b. (Middle) c. (Last) Nachos
13. COLOR OR RACE: W

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Edward A. Daniels

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: 1934.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None.
20b. MATERNAL CAUSES: Cephalopelvic disproportion NOT. delivered Med forceps

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:
22. STATE ALL OPERATIONS FOR DELIVERY: Med forceps. rotation + delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): W. B. Rose MD
23b. DATE SIGNED: 11/3/53.
23c. ATTENDANT'S ADDRESS: Nampa Idaho.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Oct. 30, 53
25c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Nov. 12, 1953
REGISTRAR'S SIGNATURE: Mrs. Jane Stark
26. FUNERAL DIRECTOR: Earl J. Gyorgy
ADDRESS: Nampa, Idaho
Alsip Funeral Chapel

Form DPH-48020

PHS-797(VS) Dr. Fox
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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OCT 26 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 9
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho - Kootenai Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Gen. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Wash
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennewick
d. STREET ADDRESS (If rural, give location): Campbell Trailer Court

3. CHILD'S NAME (Type or Print): Jerry Reynold Nasi

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 19, 1953

7. FATHER'S NAME: a. (First) Toivo b. (Middle) A. c. (Last) Nasi

8. COLOR OR RACE: White

9. AGE (At time of this birth): 47 YEARS

10. BIRTHPLACE (State or foreign country): Michigan

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Pipe Line

12. MOTHER'S MAIDEN NAME: a. (First) Elizabeth b. (Middle) E. c. (Last) Neime

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Michigan

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Toivo Nasi

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 1-30-53

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity - Stillborn

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Stillborn infant

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E K Fox MD

23b. DATE SIGNED: 10/22/53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 20, 1953

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG.: 10-22-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d' Alene, Idaho

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PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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OCT 21 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 148
Local Reg. No. 8
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spirit Lake Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rathdrum
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Baby Boy Hyko

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 10 (Day) 1 (Year) 53

7. FATHER'S NAME a. (First) Alvin b. (Middle) c. (Last) Hyko

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): North Dakota

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Jane c. (Last) Hart

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Mr. Alvin Hyko

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: 10 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date 4/17/53 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cause undetermined

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lynn C. Sedgwick M.D. M.D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS Spirit Lake, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-3-53

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 10-16-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Gates

ADDRESS: Coeur d'Alene, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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NOV 9 1953
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 149
Local Reg. No. 45
Reg. Dist. No. 63-0

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): X

3. CHILD'S NAME (Type or Print): BABY HIGLEY

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 3, 1953

7. FATHER'S NAME: a. (First) Harold b. (Middle) William c. (Last) Higley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Labelle, Idaho

11a. USUAL OCCUPATION: Millwright

11b. KIND OF BUSINESS OR INDUSTRY: Sawmill

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Alice c. (Last) Roth

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): ~~Calif~~ Cresta, Calif

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Harold Higley

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: May, 1953 Y 39.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown - Probably Erythroblastosis

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Rh titre - 1 to 64

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:50 A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Blanche H Carlson

23b. DATE SIGNED: 10-3-53

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 10-3-53

25c. NAME OF CEMETERY OR CREMATORY: Eckersell Funeral Home

25d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 10-25-53

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: C W Eckersell ADDRESS: Rigby, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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OCT 19 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 150
Local Reg. No. 205
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1121 A - 6th Street

3. CHILD'S NAME (Type or Print): Baby Holmes

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 11, 1953

7. FATHER'S NAME: a. (First) Myron b. (Middle) A. c. (Last) Holmes
8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS
10. BIRTHPLACE (State or foreign country): Kamiah, Idaho
11a. USUAL OCCUPATION: Insurance Agent
11b. KIND OF BUSINESS OR INDUSTRY: Insurance Sales

12. MOTHER'S MAIDEN NAME: a. (First) Phyllis b. (Middle) c. (Last) Carlson
13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS
15. BIRTHPLACE (State or foreign country): Minneapolis, Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: x Myron A. Holmes

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 3-21-53
y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Slight toxemia of Pregnancy and Rare RH Positive factor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]
23b. DATE SIGNED: 10-14-53
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 10-14-53
25c. NAME OF CEMETERY OR ~~CREMATORY~~: Normal Hill
25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 14, 1953
REGISTRAR'S SIGNATURE: Jean Wegelius
26. FUNERAL DIRECTOR: Brauer-Mann Co. K. H. Malcom
ADDRESS: Lewiston, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 151
Local Reg. No. 208
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST Josph

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 611 - 5th Street

3. CHILD'S NAME (Type or Print): Mary Eleanor Beardsley

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 14, 1953

7. FATHER'S NAME
a. (First): Charles
b. (Middle): D.
c. (Last): Beardsley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Prentice, Wisconsin

11a. USUAL OCCUPATION: Mill Worker

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME
a. (First): Norma
b. (Middle):
c. (Last): Whitby

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): U.S.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 0
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT
X Mrs Ella Whitby

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: Yes June 23 1953 Y30.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none.

20b. MATERNAL CAUSES: Diabetes mellitus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Diabetes mellitus

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Edward N. Hoffman MD

23b. DATE SIGNED: 10-17-53

23c. ATTENDANT'S ADDRESS: 337 St Johns Way

[ ] NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-19-53

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 19, 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

26. FUNERAL DIRECTOR: Brower-Wann Co. ADDRESS: Lewiston, Idaho
L. E. De Bauer

Form DPH-48020

Dr Hoffman

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 152
Local Reg. No. 209
Reg. Dist. No. 320

RECEIVED
OCT 30 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If not in hospital or institution, give street address or location): St Joseph

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 829 - 28th Street North

3. CHILD'S NAME (Type or Print): Baby Boy Alligier

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 15, 1953

7. FATHER'S NAME a. (First): Howard b. (Middle): J. c. (Last): Alligier

8. COLOR OR RACE: white

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Spalding, Idaho

11a. USUAL OCCUPATION: Dispatcher

11b. KIND OF BUSINESS OR INDUSTRY: C.P.R.R.

12. MOTHER'S MAIDEN NAME a. (First): Loretta b. (Middle): c. (Last): Hall

13. COLOR OR RACE: white

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Stites, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 1

17. INFORMANT: X Howard L. Alligier

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date: Y 39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis

20b. MATERNAL CAUSES: Rh neg. Titer 512.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ted Perez MD

23b. DATE SIGNED: 10/19/53

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: Ted Perez

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE:

25c. NAME OF CEMETERY OR ~~CREMATORY~~: Normal Hill

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct 19, 1953

REGISTRAR'S SIGNATURE: Jean Wegelius

26. FUNERAL DIRECTOR: X R.E. DeBaun

ADDRESS: Lewiston, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

NOV 19 1953

State File No. 153
Local Reg. No. 89
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 208 E Brown

3. CHILD'S NAME (Type or Print): Infant Boy Leonard

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 29, 1953

7. FATHER'S NAME: a. (First) James b. (Middle) c. (Last) Leonard

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Lewiston Montana

11a. USUAL OCCUPATION: Mining

11b. KIND OF BUSINESS OR INDUSTRY: Mining

12. MOTHER'S MAIDEN NAME: a. (First) Betty b. (Middle) c. (Last) Smith

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: James Leonard

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes X No ____ Approximate date 1939.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Thoracic cavity & abdominal cavity filled c̄ serous fluid.

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature

22. STATE ALL OPERATIONS FOR DELIVERY: Outlet forceps.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Geo M. Whitesell M.D.

23b. DATE SIGNED: 6 Nov 53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10/31/53

25c. NAME OF CEMETERY OR CREMATORY: Greenwood

25d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/16/53

REGISTRAR'S SIGNATURE: Joe Lemme

26. FUNERAL DIRECTOR ADDRESS: Quantrill Funeral Home Kellogg Idaho

Form DPH-48020

Dr. whitel

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOV 19 1953

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 15
Local Reg. No. 31
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wardner Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 900 "A" S. Division

3. CHILD'S NAME (Type or Print): Richard A. Rojas

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 30 1953

7. FATHER'S NAME: a. (First) Justino b. (Middle) — c. (Last) Rojas
8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 21 YEARS
10. BIRTHPLACE (State or foreign country): Santa Monica, Calif.
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY: Zinc Plant

12. MOTHER'S MAIDEN NAME: a. (First) Lola b. (Middle) — c. (Last) Alcaser
13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 22 YEARS
15. BIRTHPLACE (State or foreign country): Hanford, Calif.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Richard Rojas
Richard Rojas

18a. LENGTH OF PREGNANCY: 38 WEEKS
18b. WEIGHT AT BIRTH: 8 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 1/39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: undetermined
20b. MATERNAL CAUSES: undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy & outlet forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Glen M. Whitel M.D.
23b. DATE SIGNED: 6 Nov. 53
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial
25b. DATE: 11-2-53
25c. NAME OF CEMETERY OR CREMATORY: Greenwood
25d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 11/10/53
REGISTRAR'S SIGNATURE: Joe Levine
26. FUNERAL DIRECTOR: Grant M. Glad
ADDRESS: 102 S. Main

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DEC 22 1953
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 155
Local Reg. No. 461
Reg. Dist. No. 970

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1017 River Street

3. CHILD'S NAME (Type or Print): Infant Male Brown

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 9 1953

7. FATHER'S NAME: a. (First) Henry b. (Middle) A. c. (Last) Brown

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Mendocino County California

11a. USUAL OCCUPATION: constr. worker

11b. KIND OF BUSINESS OR INDUSTRY: --

12. MOTHER'S MAIDEN NAME: a. (First) Claudia b. (Middle) A. c. (Last) Holland

13. COLOR OR RACE: white

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Louisiana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Henry A. Brown

18a. LENGTH OF PREGNANCY: 27 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date July 31, 1953 Y36.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation of placenta

20b. MATERNAL CAUSES: none apparent

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. L. Beecombe M. D.

23b. DATE SIGNED: 10.17.53

23c. ATTENDANT'S ADDRESS: 512 N. 16th, Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Nov 10, 1953

25c. NAME OF CEMETERY OR CREMATORY: St. Luke's Hospital

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG. 12-19-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: John C. McCarter, M.D.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOV 27 1953

Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 156
Local Reg. No. 418
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home /Rural
d. STREET ADDRESS (If rural, give location): one mile east of town

3. CHILD'S NAME (Type or Print): Unnamed Aulbach

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 31 1953

7. FATHER'S NAME: a. (First) Laurence b. (Middle) Joseph c. (Last) Aulbach

8. COLOR OR RACE: White

9. AGE (At time of this birth): 50 YEARS

10. BIRTHPLACE (State or foreign country): Kansas

11a. USUAL OCCUPATION: Warehouseman

11b. KIND OF BUSINESS OR INDUSTRY: Warehousing

12. MOTHER'S MAIDEN NAME: a. (First) Irma b. (Middle) Grace c. (Last) Frew

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 7
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Laurence Aulbach

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: Unknown LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Unknown

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Placental Infarction Y36.5

20b. MATERNAL CAUSES: Hypertensive Disease + Toxemia of Pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia of Pregnancy

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert W. Brooks, M.D.

23b. DATE SIGNED: 11-6-53

23c. ATTENDANT'S ADDRESS: 809 N. 7th Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Nov. 2, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Berg Mortuary Mtn. Home
by D. A. L. Herrington

Form DPH-48020

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Division of Vital Statistics

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

157

State File No. .....
Local Reg. No. 419
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 37 Leona Drive.

3. CHILD'S NAME (Type or Print): Infant girl. Jorbis

4. SEX: Female.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 11 - 16 - 53

7. FATHER'S NAME: a. (First) Robert b. (Middle) Melton c. (Last) Jorbis

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Pampa, Texas

11a. USUAL OCCUPATION: Fire. R. Copper.

11b. KIND OF BUSINESS OR INDUSTRY: Tire Shop.

12. MOTHER'S MAIDEN NAME: a. (First) Bobbie b. (Middle) Anice c. (Last) Ferguson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Oklahoma.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none.

17. INFORMANT: Father.

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No .....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephalic. Y38.0

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Stuart D. Merrill

23b. DATE SIGNED: 11/20/53

23c. ATTENDANT'S ADDRESS: Boise Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 11/23/53

25c. NAME OF CEMETERY OR CREMATORY: St Lukes Hospital

25d. LOCATION (City, town, or county) (State): Boise, Idaho.

DATE REC'D BY LOCAL REG.: 11-23-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR / ADDRESS: John C. McCarter, M.D.

Form DPH-48020

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DEC 19 1953

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 158
Local Reg. No. 450
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3314 Cassia St.

3. CHILD'S NAME (Type or Print)

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 19 1953

7. FATHER'S NAME: a. (First) Ralph b. (Middle) Myle c. (Last) Robbins
8. COLOR OR RACE: white

9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country): Idaho
11a. USUAL OCCUPATION: Office manager
11b. KIND OF BUSINESS OR INDUSTRY: Idaho Finance

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) Jean c. (Last) Guest
13. COLOR OR RACE: white

14. AGE (At time of this birth): 30 YEARS
15. BIRTHPLACE (State or foreign country): So. Carolina

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.

17. INFORMANT: Ralph Myle Robbins

18a. LENGTH OF PREGNANCY: 22 WEEKS
18b. WEIGHT AT BIRTH: 1 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: 1939.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not Known.
20b. MATERNAL CAUSES: Not Known.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Max D. Tudmendson MD
23b. DATE SIGNED: 11-22-53
23c. ATTENDANT'S ADDRESS: Boise, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 11/25/53
25c. NAME OF CEMETERY OR CREMATORY: St Lukes Hospital
25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-27-53
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR: John C. McCarter, M.D.
ADDRESS

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DEC 10 1953
Division of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 159
Local Reg. No. 436
Reg. Dist. No. 870

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 511 Franklin Road

3. CHILD'S NAME (Type or Print): BABY BOY McARTHUR

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): November 24, 1953

7. FATHER'S NAME: a. (First) Frances b. (Middle) X. c. (Last) McArthur

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): New York, New York

11a. USUAL OCCUPATION: Veterinarian

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Ileen b. (Middle) Benita c. (Last) Davies

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Mrs F. X. McArthur St. Alphonsus Hospital

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date June 53

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine asphyxia. Y36.2

20b. MATERNAL CAUSES: Not definitely determined, possible Silent premature separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy, assisted breech del.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ___ h. ___ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Irene Reynolds M D

23b. DATE SIGNED: 11-30-53

23c. ATTENDANT'S ADDRESS: Boise Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/27/53

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Russell A. Relyea
RELYEA MORTUARY

ADDRESS: 618 N. Latah
Boise, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 160
Local Reg. No. 296
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS, IDAHO
d. STREET ADDRESS (If rural, give location): Falls Ave.

3. CHILD'S NAME (Type or Print): BABY BOY BUCK

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 11, 1953

7. FATHER'S NAME: a. (First) SIDNEY b. (Middle) BOYD c. (Last) BUCK

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Rigby, Idaho

11a. USUAL OCCUPATION: Grocery Clerk

11b. KIND OF BUSINESS OR INDUSTRY: J.C. MOHLHALF

12. MOTHER'S MAIDEN NAME: a. (First) ANNA b. (Middle) RAE c. (Last) BRISTOL

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mr. & Mrs. Boyd Buck

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: no record LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date 39.5

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Agenesis Cerebrum & Cerebellum

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:25 A m.

23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other): O. E. Murrell, M.D.

23b. DATE SIGNED: 11-18-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct 12, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cem

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Nov. 27, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Byron B. Downs

ADDRESS: Pocatello Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 161
Local Reg. No. 309
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 254 Cons Street

3. CHILD'S NAME (Type or Print): Baby Boy Puphal

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 29, 1953

7. FATHER'S NAME
a. (First): Kenneth
b. (Middle): Walter
c. (Last): Puphal

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Syracuse, N. Y.

11a. USUAL OCCUPATION: Jr. Chemist

11b. KIND OF BUSINESS OR INDUSTRY: Phillips Petroleum Co.

12. MOTHER'S MAIDEN NAME
a. (First): Kathleen
b. (Middle): Marie
c. (Last): DenBurger

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Trochu, Alberta, Can

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: None
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Kathleen Puphal, Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: 4-38, 1

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Hydrocephalus
20b. MATERNAL CAUSES: None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cephalopelvic Disproportion

22. STATE ALL OPERATIONS FOR DELIVERY: Craniocentesis & Low Forceps.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:25 P. m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): H. L. Allen, M.D.
23b. DATE SIGNED: 11-4-53.
23c. ATTENDANT'S ADDRESS: Pocatello, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: October 31, 1953
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital
25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. DEC 16 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pocatello, Ida.

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 162
Local Reg. No. 291
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Fargo Apartments

3. CHILD'S NAME (Type or Print): Baby Boy Farnes

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): November 10, 1953

7. FATHER'S NAME: a. (First) Farrell b. (Middle) Duane c. (Last) Farnes
8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS
10. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
11a. USUAL OCCUPATION: Airman 2nd Class
11b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force

12. MOTHER'S MAIDEN NAME: a. (First) Mildred b. (Middle) Joan c. (Last) Weeks
13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Malad, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mildred Farnes, mother

18a. LENGTH OF PREGNANCY: 30 WEEKS
18b. WEIGHT AT BIRTH: -- LBS. -- OZS.
19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Decay of fetus - partial separation of placenta
20b. MATERNAL CAUSES: No maternal complications

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:08 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]
23b. DATE SIGNED: Nov. 10, 1953
23c. ATTENDANT'S ADDRESS: Pocatello, Ida.
If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Nov. 11, 1953
25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: NOV 20 1953
REGISTRAR'S SIGNATURE: Eva M. Wallin
26. FUNERAL DIRECTOR: Jack Kendrick
ADDRESS: Pocatello, Idaho

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PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 162
Local Reg. No. #29
Reg. Dist. No. 6-05

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, Idaho
d. STREET ADDRESS (If rural, give location): Box 751 Blackfoot, Idaho

3. CHILD'S NAME (Type or Print): Claudia Kay Harman

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): November 11, 1953

7. FATHER'S NAME: a. (First) Benjamin b. (Middle) George c. (Last) Harman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Pingree, Idaho

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Colleen c. (Last) Harman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Moroni, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mary Colleen Harman Mother

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date May

Y36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord tightly around neck, twice. Fetus macerated (death about 10 days before delivery)

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None except fetal death 10 days previous.

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Walter G Hoge MD

23b. DATE SIGNED: 13 Nov. 53

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Nov. 11, 1953

25c. ~~NAME OF CEMETERY OR CREMATORY~~: Allen Osborn

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Nov. 13-1953

REGISTRAR'S SIGNATURE: Mrs Cecelia E. Patrick

26. FUNERAL DIRECTOR

ADDRESS

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 194
Local Reg. No. 72
Reg. Dist. No. 860

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Box 137

3. CHILD'S NAME (Type or Print): Alvin Lee Black

4. SEX: Male
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): November 1 1953

7. FATHER'S NAME: a. (First) Alvin b. (Middle) Leeroy c. (Last) Black
8. COLOR OR RACE: W

9. AGE (At time of this birth): 48 YEARS
10. BIRTHPLACE (State or foreign country): Caldwell, Idaho
11a. USUAL OCCUPATION: Barber
11b. KIND OF BUSINESS OR INDUSTRY: Barbering

12. MOTHER'S MAIDEN NAME: a. (First) Hazel b. (Middle) Florence c. (Last) Trent
13. COLOR OR RACE: W

14. AGE (At time of this birth): 42 YEARS
15. BIRTHPLACE (State or foreign country): Rupert, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Florence Black

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ~~No~~
Approximate date 7-15-53
Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:37 A.m.

23a. ATTENDANT'S SIGNATURE: Estle Shube (Specify if M. D., midwife, or other) MD
23b. DATE SIGNED: 11/4/53
23c. ATTENDANT'S ADDRESS: Caldwell
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Nov. 2, 1953
25c. NAME OF CEMETERY OR CREMATORY: Wilder
25d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Agnes M Denman
26. FUNERAL DIRECTOR: C. F. Peckham
ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 76
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 209 4th St. South

3. CHILD'S NAME (Type or Print): Richard Lynn Fodge

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) 11 (Day) 12 (Year) 53

7. FATHER'S NAME a. (First): Leland b. (Middle): Duane c. (Last): Fodge

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Broken Bow, Nebraska

11a. USUAL OCCUPATION: Trucker

11b. KIND OF BUSINESS OR INDUSTRY: Tennyson Transfer, Nampa

12. MOTHER'S MAIDEN NAME a. (First): Edna b. (Middle): Jean c. (Last): Schevalm

13. COLOR OR RACE: White

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Port Townsend, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT
X Duane Fodge Father

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No .....
Approximate date June 26, 1953 Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES
Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Oakes H. Hoover M.D.

23b. DATE SIGNED: Nov. 13, 1953

23c. ATTENDANT'S ADDRESS: Caldwell, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Nov 14-1953

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 11/16/53

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR: Peckham-Bakes Chapel
ADDRESS: T. W. Bakes, Caldwell, Idaho

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No. 7
Reg. Dist. No. 363

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): Box 52

3. CHILD'S NAME (Type or Print): Infant Girl Pfenninger

4. SEX

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 8, 1953

7. FATHER'S NAME a. (First): George b. (Middle): c. (Last): Pfenninger

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): New Castle, Indiana

11a. USUAL OCCUPATION: Teacher

11b. KIND OF BUSINESS OR INDUSTRY: Public Schools

12. MOTHER'S MAIDEN NAME a. (First): Audrey b. (Middle): c. (Last): Sample

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Trinadad, Colo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: George P. Pfenninger

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: ? LBS. ? OZS.

19. Was a standard serological test for syphilis performed? Yes [✓] No [ ]
Approximate date 3-18-53 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found

20b. MATERNAL CAUSES: None found.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerard E. Sikahe M.D.

23b. DATE SIGNED: 11-10-53

23c. ATTENDANT'S ADDRESS: Nampa Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/10/53

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county) (State): Nampa, Idaho.

DATE REC'D BY LOCAL REG.: Nov. 20, 1953

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Nampa, Idaho.
Alsip Funeral Chapel

Form DPH-48020

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Division of Vital Statistics

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 167
Local Reg. No. [redacted]
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Manitoba, Canada
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winnipeg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Nechanicky

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 16, 1953

7. FATHER'S NAME
a. (First): Cyrill
b. (Middle): Francis
c. (Last): Nechanicky

8. COLOR OR RACE: White

9. AGE (At time of this birth): 50 YEARS

10. BIRTHPLACE (State or foreign country): Oddessa, Washington

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME
a. (First): Sigrid
b. (Middle):
c. (Last): Anderson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Denmark

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: C. F. Nechanicky

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Aug 8, 1953 Y36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation of umbilical cord due to twisting

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B. A. Johnson MD

23b. DATE SIGNED: 11-17-53

23c. ATTENDANT'S ADDRESS: Salmon Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11-17-53

25c. NAME OF CEMETERY OR CREMATORY: Salmon

25d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 11-30-53

REGISTRAR'S SIGNATURE: Viola G. Johnson

GENERAL DIRECTOR: Kenneth K. Kingle

ADDRESS: Salmon, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 108
Local Reg. No. 52
Reg. Dist. No. 630

RECEIVED
DEC 9 - 1953
Division of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): McKinlay Bruce Jenkins

4. SEX: Male

5a. THIS BIRTH: SINGLE [#] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 22 1953

7. FATHER'S NAME: a. (First) Stanley b. (Middle) Dewain c. (Last) Jenkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello

11a. USUAL OCCUPATION: Guard

11b. KIND OF BUSINESS OR INDUSTRY: A.E.C. Security

12. MOTHER'S MAIDEN NAME: a. (First) Jeanne b. (Middle) c. (Last) McKinlay

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Sugar City, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Stanley D. Jenkins

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Y36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in cord.

20b. MATERNAL CAUSES: None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): O. D. Hoffman, MD

23b. DATE SIGNED: 11-24-53

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/23/53

25c. NAME OF CEMETERY OR CREMATORY: Rexburg

25d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 11-24-53

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Folland & Reuer

ADDRESS: Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 169
Local Reg. No. 258
Reg. Dist. No. 220

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NOV 14 1953
DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3528 7th Street

3. CHILD'S NAME (Type or Print): BABY SCOTT

4. SEX: m
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov 4, 1953

7. FATHER'S NAME: a. (First) Harvey b. (Middle) c. (Last) Scott
8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country): St. Maries, Idaho
11a. USUAL OCCUPATION: Parts Man
11b. KIND OF BUSINESS OR INDUSTRY: Implements

12. MOTHER'S MAIDEN NAME: a. (First) Ilda b. (Middle) c. (Last) Roberts
13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS
15. BIRTHPLACE (State or foreign country): Asotin, Washington
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Harvey P. Scott.

18a. LENGTH OF PREGNANCY: 26 WEEKS
18b. WEIGHT AT BIRTH: 2 LBS. 12 OZS.
19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date 7-15-53 Y39.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: see below.
20b. MATERNAL CAUSES: Rh neg- (5th pregnancy- previous child died on 2nd day of erythro-blastosis.)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta praevia
22. STATE ALL OPERATIONS FOR DELIVERY: Rupture bag of waters

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. S. Shurtz M.D.
23b. DATE SIGNED: 11-5-53
23c. ATTENDANT'S ADDRESS: Lewiston Idaho.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 11/6/53
25c. NAME OF CEMETERY OR CREMATORY: Normal Hill
25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: Jean Wegelius
26. FUNERAL DIRECTOR: M. C. Merchant
ADDRESS: Clarkston, Washington

Form DPH-48020

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NOV 27 1953
Division of Vital Statistics

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 170
Local Reg. No. 122
Reg. Dist. No. 1 of 0

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avery
d. STREET ADDRESS (If rural, give location) Box 663

3. CHILD'S NAME (Type or Print) Baby boy Barnes

4. SEX Male

5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 10 1953

7. FATHER'S NAME a. (First) Marvin b. (Middle) Russell c. (Last) Barnes

8. COLOR OR RACE W

9. AGE (At time of this birth) 35 YEARS

10. BIRTHPLACE (State or foreign country) Coquille, Ore

11a. USUAL OCCUPATION Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY logging

12. MOTHER'S MAIDEN NAME a. (First) Ada b. (Middle) Genevieve c. (Last) Shostrom

13. COLOR OR RACE W

14. AGE (At time of this birth) 29 YEARS

15. BIRTHPLACE (State or foreign country) Troy Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. Marvin Barnes (M)

18a. LENGTH OF PREGNANCY 23 WEEKS

18b. WEIGHT AT BIRTH 1 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date May 1953 Moscow - Idaho.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES None.

20b. MATERNAL CAUSES Placenta Praevia

Y36.1

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Uterine Bleeding OFF and ON.

22. STATE ALL OPERATIONS FOR DELIVERY None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:20 P m.

23a. ATTENDANT'S SIGNATURE Louis H. Hunter (Specify if M. D., midwife, or other) MD.

23b. DATE SIGNED 11-11-53

23c. ATTENDANT'S ADDRESS Wallace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL ____ TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.

25b. DATE 11-10-53

25c. NAME OF CEMETERY OR CREMATORY Wallace Hospital.

25d. LOCATION (City, town, or county) (State) Wallace, Shoshone. Idaho.

DATE REC'D BY LOCAL REG. Nov 13-1953

REGISTRAR'S SIGNATURE Dale L Cornell Dep

26. FUNERAL DIRECTOR Dale L Cornell

ADDRESS Wallace Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics **State of Idaho**

State File No. 171
Local Reg. No. 123
Reg. Dist. No. 1-F-D

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Box 412

3. CHILD'S NAME (Type or Print) Female Baby Lambert

4. SEX FEMALE

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Nov (Day) 19 (Year) 1953

7. FATHER'S NAME a. (First) Lee b. (Middle) Andrew c. (Last) Lambert

8. COLOR OR RACE W

9. AGE (At time of this birth) 31 YEARS

10. BIRTHPLACE (State or foreign country) So. Dakota

11a. USUAL OCCUPATION Machanic

11b. KIND OF BUSINESS OR INDUSTRY Automobile

12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Maxine c. (Last) Fitzgerald

13. COLOR OR RACE W

14. AGE (At time of this birth) 29 YEARS

15. BIRTHPLACE (State or foreign country) Joplin, Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

19 inches long

17. INFORMANT Mrs Lee Lambert (m)

18a. LENGTH OF PREGNANCY 37 WEEKS

18b. WEIGHT AT BIRTH 4 LBS. 15 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date May 1953 Y39.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Erythroblastosis Fetalis

20b. MATERNAL CAUSES Father Rh+; mother Rh-; Cord Rh Titer 64

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR —

22. STATE ALL OPERATIONS FOR DELIVERY —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. E. Bonebrake

23b. DATE SIGNED 11.20.53

23c. ATTENDANT'S ADDRESS Wallace, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL — **TITLE** —

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Nov 21-1953

25c. NAME OF CEMETERY OR CREMATORY United

25d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Nov 21-1953

REGISTRAR'S SIGNATURE Hale L Cornell Reg

26. FUNERAL DIRECTOR Hale L Cornell **ADDRESS** Wallace Idaho

Form DPH-48020

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Division of Vital Statistics

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 172
Local Reg. No. 278
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Nevada
b. COUNTY: Lander
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Battle Mtn.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Cordova

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): November 13, 1953

7. FATHER'S NAME: a. (First) ? b. (Middle) c. (Last)

8. COLOR OR RACE: white

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Amanda b. (Middle) Beatrice c. (Last) Cordova

13. COLOR OR RACE: W

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country):

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs. Clarence Ford, Twin Falls, Idaho

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 1/3/53

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Placenta Abruptio – Premature Separation of the Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Abruptio – Hemorrhage in last Trimester

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:15 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Verna M. Peterson M.D.

23b. DATE SIGNED: Nov 13-1953

23c. ATTENDANT'S ADDRESS: Twin Falls, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/14/53

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 11-20-53

REGISTRAR'S SIGNATURE: Deputy Edythe D. Koontz

26. FUNERAL DIRECTOR: Reynolds Funeral Home

ADDRESS: Twin Falls, Ida.

James C. Reynolds

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 4 - 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 110
Local Reg. No. 313
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3834 Jason Avenue, S. E.

3. CHILD'S NAME (Type or Print): LYNN BEESLEY

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 28, 1953

7. FATHER'S NAME
a. (First): Zenas
b. (Middle): William
c. (Last): Beesley

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Cook

11b. KIND OF BUSINESS OR INDUSTRY: Kraft Food Company

12. MOTHER'S MAIDEN NAME
a. (First): Lois
b. (Middle): Ann
c. (Last): Ricks

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Burley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: None
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Lois B esley, mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 1939.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None apparent.

20b. MATERNAL CAUSES: None apparent.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.

22. STATE ALL OPERATIONS FOR DELIVERY: Low Forceps Extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:20 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. L. Allen, M. D.

23b. DATE SIGNED: 11-6-53.

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 29, 1953

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: Dec. 28, 1953

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Jack Kendrick

ADDRESS: Pocatello, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 6 - 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 174
Local Reg. No. 7
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1057 Meadowbrook Lane

3. CHILD'S NAME (Type or Print): Infant Hawker

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December, 26, 1953

7. FATHER'S NAME: a. (First) Samuel b. (Middle) Goodwin c. (Last) Hawker

8. COLOR OR RACE: Cauc.

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Idaho (Springfield)

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Purity Biscuit Comp.

12. MOTHER'S MAIDEN NAME: a. (First) Thelda b. (Middle) LaVerne c. (Last) Higgins

13. COLOR OR RACE: Cauc.

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Idaho (McCammon)

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Thelda Higgins

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 15 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date 4-36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in umbilical cord - 10 days before

20b. MATERNAL CAUSES: none - 1 birth of baby

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:55 P. m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Ralph D. Siegfried MD

23b. DATE SIGNED: 12-27-53

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-28-53

25c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery

25d. LOCATION (City, town, or county) (State): Bingham Idaho

DATE REC'D BY LOCAL REG.: Jan. 2, 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR: Howard Packham ADDRESS: Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
DEC 31 1953
Division of Vital Statistics

State File No. 175
Local Reg. No.
Reg. Dist. No. 152

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Montpelier Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Adams

4. SEX: Male
5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct 18 1953

7. FATHER'S NAME: a. (First) Vincent b. (Middle) B. c. (Last) Adams
8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS
10. BIRTHPLACE (State or foreign country): Montpelier Idaho
11a. USUAL OCCUPATION: Railroader
11b. KIND OF BUSINESS OR INDUSTRY: U.P.

12. MOTHER'S MAIDEN NAME: a. (First) Edith b. (Middle) Shirley c. (Last) Hayes
13. COLOR OR RACE: White

14. AGE (At time of this birth): 43 YEARS
15. BIRTHPLACE (State or foreign country): Georgetown Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

18a. LENGTH OF PREGNANCY: 38 WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ☑ No ☐
Approximate date —
Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined
20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)
23b. DATE SIGNED: 11-[redacted]-53
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: F. Adams, MD
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Oct 19 1953
25c. NAME OF CEMETERY OR CREMATORY: Montpelier Cemetery
25d. LOCATION (City, town, or county) (State): Montpelier Idaho

DATE REC'D BY LOCAL REG.: 12/10/53
REGISTRAR'S SIGNATURE: [illegible]
26. FUNERAL DIRECTOR: Dale Matthews
ADDRESS: Montpelier Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DEC 28 1953
Division of Vital Statistics

(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 176
Local Reg. No. 4-58
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): #9 - East Bridge

3. CHILD'S NAME (Type or Print): Infant Serena Samuel Christopher Serena

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 16, 1953

7. FATHER'S NAME
a. (First): Thomas
b. (Middle):
c. (Last): Serena

8. COLOR OR RACE: white

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): McKeesport, Pa.

11a. USUAL OCCUPATION: Warehouseman

11b. KIND OF BUSINESS OR INDUSTRY: Produce

12. MOTHER'S MAIDEN NAME
a. (First): Claretta
b. (Middle):
c. (Last): Leebenow

13. COLOR OR RACE: white

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: none
b. How many children were born alive but are now dead?: none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: none

17. INFORMANT: Thomas Serena, Father

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 12 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date Y34.1

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Extra large shoulders for

20b. MATERNAL CAUSES: size of mother

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Long delivered Cesarean due to large shoulders,

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:20 A.M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. O. Freeman M. D.

23b. DATE SIGNED: 12-16-53

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-18-53

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: 12-17-53

REGISTRAR'S SIGNATURE: Mrs Walter E. Farrie

26. FUNERAL DIRECTOR: Willard Casper

ADDRESS: Blackfoot, Idaho

Form DPH-48020

Black foot

Bingham Memorial Hospital

49 - East Bridge

Blackfoot

Samuel Christopher Berens

Dec. 16, 1953

Female

White

Production

Warehousemen

Molasses, Pa.

31

Divorced

Leprosy

White

Black foot, Idaho

19

Home

None

None

12-16-53

Burial

Grove City Cemetery

Black foot, Bingham, Idaho

12-16-53

Black foot, Idaho

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 8 - 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 177
Local Reg. No. 504
Reg. Dist. No. 6001

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #3

3. CHILD'S NAME (Type or Print): UNNAMED

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 21, 1953

7. FATHER'S NAME: a. (First) Russell b. (Middle) Stone c. (Last) Wilkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Salem, Utah

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Melva b. (Middle) Rea c. (Last) Woodruff

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Five
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Elaine Jensen Clerk

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: ? LBS. ? OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date June
Y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature rupture of membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: December 31, 1953

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician:
24. SIGNATURE OF AUTHORIZED OFFICIAL: Allen Osborn
TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 12-22-53

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hospital

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: DEC 22-1953

REGISTRAR'S SIGNATURE: Mrs Calvin E. Farmer

26. FUNERAL DIRECTOR (acting): Allen Osborn
ADDRESS: Blackfoot Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JAN 12 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 176
Local Reg. No. 249
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1360 Elmo Street

3. CHILD'S NAME (Type or Print): INFANT DROWNS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: November 27 1953

7. FATHER'S NAME: a. (First) b. (Middle) c. (Last)

8. COLOR OR RACE

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Beverley b. (Middle) Myrtle c. (Last) Drowns

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Frank E Drowns

18a. LENGTH OF PREGNANCY: 40+ WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 27 Nov 53 Y34.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Excessive molding skull bones

20b. MATERNAL CAUSES: Pelvic Disproportion

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Long labor, severe dehydration, anemia, malnutrition

22. STATE ALL OPERATIONS FOR DELIVERY: Forceps + external Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:50 P. m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): C. C. Stoddard M. D.

23b. DATE SIGNED: 30 Nov. 53

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county): Idaho Falls (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 4-1953

REGISTRAR'S SIGNATURE: Anna Bidges

26. FUNERAL DIRECTOR: Leland C. Buck ADDRESS: Idaho Falls, Idaho

Form DPH-48020

(OVER)

10. [illegible]

This female patient was seen by me on 27 Nov 1953 about 1630 (one hour before) delivery of ~~child~~ infant was accomplished. This was first time I had seen her. She had been followed by other individuals prior to this. She had been seen by no medical Doctor prior to my attendance. She had apparently had none of the routine studies + exams an M.D. would have performed prior to my attendance.

[illegible] M.D.

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JAN 12 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 179
Local Reg. No. 268
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Ririe
d. STREET ADDRESS (If rural, give location): 3 Mi N. W. of Ririe

3. CHILD'S NAME (Type or Print): BABY RADFORD

4. SEX: F.M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 14, 1953

7. FATHER'S NAME: a. (First) Etsel b. (Middle) Henry c. (Last) Radford

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Ririe, Ida

11a. USUAL OCCUPATION: Farm Owner

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Cleo b. (Middle) Lavon c. (Last) Gallup

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Antelope, Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Martha Radford

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date June 20, 1953 Y 36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Premature Separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: albuminuria 4+

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarian Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Orsel Hall M.D.

23b. DATE SIGNED: 12-17-53

23c. ATTENDANT'S ADDRESS: Rigby, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 12-17-53

25c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton

25d. LOCATION (City, town, or county) (State): Shelton, Idaho

DATE REC'D BY LOCAL REG.: 12-23-53

REGISTRAR'S SIGNATURE: Anna Budge

26. FUNERAL DIRECTOR: A. E. Eckersell

ADDRESS: Rigby, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
DEC 16 1953
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Jones

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 13 1953

7. FATHER'S NAME: a. (First) William b. (Middle) Stanley c. (Last) Jones

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Malad Idaho

11a. USUAL OCCUPATION: Heater tender

11b. KIND OF BUSINESS OR INDUSTRY: Construction.

12. MOTHER'S MAIDEN NAME: a. (First) Ruby b. (Middle) c. (Last) Davis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Malad Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: William J. Jones

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes. yes No.
Approximate date 9/15/53 Y39.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: unknown

20b. MATERNAL CAUSES: unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10 a.m.

23a. ATTENDANT'S SIGNATURE: J. Reeves (Specify if M. D., midwife, or other): MD

23b. DATE SIGNED: 12/14/53

23c. ATTENDANT'S ADDRESS: Arco, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): McNeal

25b. DATE: 12/15/53

25c. NAME OF CEMETERY OR CREMATORY: Malad Cem.

25d. LOCATION (City, town, or county) (State): Malad Idaho.

DATE REC'D BY LOCAL REG.: 12-14-53

REGISTRAR'S SIGNATURE: Betty J. Marvel #670

26. FUNERAL DIRECTOR: W. Marvel

ADDRESS: Arco Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

RECEIVED
DEC 31 1953
Division of Vital Statistics

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 101
Local Reg. No. 8
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1011 11th Ave. No.

3. CHILD'S NAME (Type or Print): Raymond Wade

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 12, 1953

7. FATHER'S NAME
a. (First): Harry
b. (Middle): A.
c. (Last): Wade

8. COLOR OR RACE: white

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country): Castleford, Ida.

11a. USUAL OCCUPATION: Sales Manger

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Helen
b. (Middle):
c. (Last): Thorne

13. COLOR OR RACE: white

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Ogden Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT
X Harry A Wade

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date Y 36.1

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Placenta Previa c Encarcerating Prolapse

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jos. Saltzer MD

23b. DATE SIGNED: 12/18/53

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician: **24. SIGNATURE OF AUTHORIZED OFFICIAL**: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/15/53

25c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 28, 1953

REGISTRAR'S SIGNATURE: Mrs James Steck

26. FUNERAL DIRECTOR: Lewis Edmunds

ADDRESS: Nampa, Idaho

LEWIS EDMUNDS MORTUARY

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED
DEC 31 1953
Division of Vital Statistics

State File No. 182
Local Reg. No. 10
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1119 2nd St.

3. CHILD'S NAME (Type or Print): Baby Boy Nelson

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 21 53

7. FATHER'S NAME: a. (First) Barthomless b. (Middle) Ev c. (Last) Nelson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Accountant

11b. KIND OF BUSINESS OR INDUSTRY: Own Business

12. MOTHER'S MAIDEN NAME: a. (First) Helen b. (Middle) c. (Last) Arsulich

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Wisconsin

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mr. Barthomless Nelson

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date October-'53
Y38.3

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: microcephalus.

20b. MATERNAL CAUSES: —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: ascites – cause unknown

22. STATE ALL OPERATIONS FOR DELIVERY: episiotomy.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Alexander Barclay M.D.

23b. DATE SIGNED: 12-23-53

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-23-53

25c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: 12-24-53

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Gilbert Yates

ADDRESS: Coeur d'Alene, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JAN 11 1954
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 64
Local Reg. No. 630
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 117 West Main St.

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 18, 1953

7. FATHER'S NAME
a. (First): Keith
b. (Middle): Royce
c. (Last): Moss

8. COLOR OR RACE: Cauc.

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Rexburg, Idaho

11a. USUAL OCCUPATION: Dentist

11b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force

12. MOTHER'S MAIDEN NAME
a. (First): Emma
b. (Middle): Lu
c. (Last): Woodmansee

13. COLOR OR RACE: Cauc.

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Emma Lu Moss

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes XX No
Approximate date November, 1953 Y36.6

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Placental Fibrosis and Infarction

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:38 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A C Lyndal, M. D.

23b. DATE SIGNED: 1-5-54

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 12/18/53

25c. NAME OF CEMETERY OR CREMATORY: Madison Memorial Hospital

25d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: 1-8-54

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR ADDRESS: Ivy A. Hoag F.D.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 184
Local Reg. No. 225
Reg. Dist. No. 220

RECEIVED JAN 9 - 1954 Division of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 821 Warner Idaho St

3. CHILD'S NAME (Type or Print): Infant Daughter Thon

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec, 16, 1953

7. FATHER'S NAME
a. (First): Orvin
b. (Middle): S
c. (Last): Thon

8. COLOR OR RACE: White

9. AGE (At time of this birth): 52 YEARS

10. BIRTHPLACE (State or foreign country): N. D.

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Lewiston, Motors

12. MOTHER'S MAIDEN NAME
a. (First): Mary
b. (Middle): [illegible]
c. (Last): Brown

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): St John, Kans

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Mrs Mary Thon

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 9/4/53 Y39.6

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found.

20b. MATERNAL CAUSES: Mother has been a diabetic but all tests are now neg

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W H Pierce MD

23b. DATE SIGNED: 12/31/53

23c. ATTENDANT'S ADDRESS: Lewiston Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec, 28,53

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG: Dec. 31, 1953

REGISTRAR'S SIGNATURE: Jean Wegelins

26. FUNERAL DIRECTOR: O. Bazzar

ADDRESS: Lewiston, Idaho.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Box 183

3. CHILD'S NAME (Type or Print): CATHY LEE GROVER

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 9, 1953

7. FATHER'S NAME: a. (First) Floyd b. (Middle) M. c. (Last) Grover

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Preston, Kansas

11a. USUAL OCCUPATION: Custodian

11b. KIND OF BUSINESS OR INDUSTRY: School system

12. MOTHER'S MAIDEN NAME: a. (First) Edith b. (Middle) Cecil c. (Last) Coles

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Lenora, Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Floyd M. Grover

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Oct. 13, 1953 Y 32.4

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Deficient placental circulation and fetal nutrition.

20b. MATERNAL CAUSES: Mild nephritic toxemia during the last month of pregnancy.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia of pregnancy.

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:15 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Leo E. Davis, M.D.

23b. DATE SIGNED: Dec. 9, 1953

23c. ATTENDANT'S ADDRESS: New Plymouth, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 10, 1953

25c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

25d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Dec. 9, 1953

REGISTRAR'S SIGNATURE: Robert E. Shaffer

26. FUNERAL DIRECTOR: Gifford R. Shaffer

ADDRESS: Payette, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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State of Idaho
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No. 155
Local Reg. No. 153
Reg. Dist. No. 140

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace Ida
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hosp & Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 214½ Cypress

3. CHILD'S NAME (Type or Print) Baby Boy Wilkins

4. SEX Male

5a. THIS BIRTH SINGLE [✓] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov-30, 1953

7. FATHER'S NAME a. (First) Walter b. (Middle) William c. (Last) Wilkins

8. COLOR OR RACE W

9. AGE (At time of this birth) 32 YEARS

10. BIRTHPLACE (State or foreign country) Wallace Ida

11a. USUAL OCCUPATION Miner

11b. KIND OF BUSINESS OR INDUSTRY Mining

12. MOTHER'S MAIDEN NAME a. (First) Marjorie b. (Middle) Dale c. (Last) Brammer

13. COLOR OR RACE W

14. AGE (At time of this birth) 28 YEARS

15. BIRTHPLACE (State or foreign country) Creston, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. Marjorie Wilkins

18a. LENGTH OF PREGNANCY 38 WEEKS

18b. WEIGHT AT BIRTH 7 LBS. 15 OZS.

19. Was a standard serological test for syphilis performed? Yes. X No. ..... Approximate date 5-4-53 Y37.2

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Probable Intracranial Hemorrhage.

20b. MATERNAL CAUSES Contracted Pelvis.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Cephalo-Pelvic Disproportion

22. STATE ALL OPERATIONS FOR DELIVERY None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:35 A m.

23a. ATTENDANT'S SIGNATURE Lewis B. Hunter (Specify if M. D., midwife, or other) MD

23b. DATE SIGNED 11-30-53

23c. ATTENDANT'S ADDRESS Wallace, Idaho

If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Dec 1-1953

25c. NAME OF CEMETERY OR CREMATORY United

25d. LOCATION (City, town, or county) (State) Wallace Idaho

DATE REC'D BY LOCAL REG. Dec 1-1953

REGISTRAR'S SIGNATURE Dale L Cornell Reg

26. FUNERAL DIRECTOR Dale L Cornell ADDRESS Wallace Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics State of Idaho

State File No. 157
Local Reg. No. 294
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Filer

3. CHILD'S NAME (Type or Print): BILLY GENE Terherst

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 4, 1953

7. FATHER'S NAME: a. (First) Carl b. (Middle) c. (Last) Terherst

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Arkansas

11a. USUAL OCCUPATION: Farm Labor

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Catherine b. (Middle) c. (Last) Beasley

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Carl Terherst Filer, Idaho

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 1 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date y36.0

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulating knot in umbilical cord

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M D

23b. DATE SIGNED: 12/9/53

23c. ATTENDANT'S ADDRESS: Filer, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-5-53

25c. NAME OF CEMETERY OR CREMATORY: Filer IOOF. Cem.

25d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 12/10/53

REGISTRAR'S SIGNATURE: Viola A. Richards

26. FUNERAL DIRECTOR: [signature]

ADDRESS: White Mortuary Twin Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 158
Local Reg. No. 310
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Castleford
d. STREET ADDRESS (If rural, give location): Gen. Delivery

3. CHILD'S NAME (Type or Print): Baby Boy Buffington

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12-18-53

7. FATHER'S NAME
a. (First): Ralph
b. (Middle):
c. (Last): Buffington

8. COLOR OR RACE: white

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): missouri

11a. USUAL OCCUPATION: mechanic

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Euna
b. (Middle):
c. (Last): Newberry

13. COLOR OR RACE: white

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 3 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Y36.2

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Premature rupture of Membranes & prolapse of cord

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: premature rupture of membranes

22. STATE ALL OPERATIONS FOR DELIVERY: forceps.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:10 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. C. Drake M.D.

23b. DATE SIGNED: 12-19-53

23c. ATTENDANT'S ADDRESS: Buhl Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 21, '53

25c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

25d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 12-29-53

REGISTRAR'S SIGNATURE: Edythe D. Kunty

26. FUNERAL DIRECTOR: D. J. Albertson

ADDRESS: Buhl, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 20 1954
Division of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 189
Local Reg. No. 488
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. D. #2

3. CHILD'S NAME (Type or Print): BABY GIRL HIGHLINE

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 23, 1953

7. FATHER'S NAME: a. (First) Robert b. (Middle) N. c. (Last) Highline

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Highwood, Illinois

11a. USUAL OCCUPATION: Insurance Salesman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Patricia b. (Middle) c. (Last) Jones

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Pagoca Springs, Colo

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert N. Highline - Rt 2 Boise, Ida.

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date Sept 1953

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 36.2

20b. MATERNAL CAUSES: Premature Separation of Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy & repair

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl D Rusty M D

23b. DATE SIGNED: 12-31-53

23c. ATTENDANT'S ADDRESS: Meridian

If NOT attended by physician: **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1/19/54

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-20-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Clyde E. Demmer

ADDRESS: Boise, Idaho

SUMMERS FUNERAL HOME

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 190
Local Reg. No. 481
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1215 Borah

3. CHILD'S NAME (Type or Print): Baby Boy Alford

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 29, 1953

7. FATHER'S NAME: a. (First) Sidney b. (Middle) W. c. (Last) Alford

8. COLOR OR RACE: White

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Sharon, Wisconsin

11a. USUAL OCCUPATION: Construction

11b. KIND OF BUSINESS OR INDUSTRY: General Construction

12. MOTHER'S MAIDEN NAME: a. (First) Inez b. (Middle) M. c. (Last) Parks

13. COLOR OR RACE: White

14. AGE (At time of this birth): 55 YEARS

15. BIRTHPLACE (State or foreign country): Rhinelander, Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: L. W. Alford

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis 39.2

20b. MATERNAL CAUSES: R. H. Sensitivity

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11 a.m. *m.*

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Mat D. Gudmundson MD

23b. DATE SIGNED: 1-2-54

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan. 2, 1954

25c. NAME OF CEMETERY OR CREMATORY: Dry Creek

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: A. E. Alden

ADDRESS: Boise, Idaho

McBratney-Alden

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FEDERAL SECURITY AGENCY
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 191
Local Reg. No. 482
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Horseshoe Bend
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Steven Charles Stephenson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 30, 1953

7. FATHER'S NAME: a. (First) Howard b. (Middle) M. c. (Last) Stephenson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Millright

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering - Saw mill

12. MOTHER'S MAIDEN NAME: a. (First) Maxine b. (Middle) May c. (Last) St Clair

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): St. Joe, Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Howard Stephenson, Horseshoe Bend, Idaho

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 3 about 7 lb. LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date July 53

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none 36.2

20b. MATERNAL CAUSES: (1) Toxemia, preeclampsia, severe (2) Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: asin Vo 6

22. STATE ALL OPERATIONS FOR DELIVERY: delivery, episiotomy, Transfusion

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 0 *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Irene Shumolds MD

23b. DATE SIGNED: 12-31-53

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan 2, 1954

25c. NAME OF CEMETERY OR CREMATORY: Horseshoe Bend

25d. LOCATION (City, town, or county) (State): Horseshoe Bend, Idaho

DATE REC'D BY LOCAL REG.: 1-5-54

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: A. E. Allen
McBratney-Alden

ADDRESS: Boise, Idaho

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4-48
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Division of Vital Statistics

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 102
Local Reg. No. 32
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 128 Washington

3. CHILD'S NAME (Type or Print): BABY BOY COLEMAN

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 29, 1953

7. FATHER'S NAME: a. (First) Howard; b. (Middle); c. (Last) Coleman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country): Marysville, Idaho

11a. USUAL OCCUPATION: Blacksmith helper

11b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

12. MOTHER'S MAIDEN NAME: a. (First) Iona; b. (Middle); c. (Last) Kent

13. COLOR OR RACE: White

14. AGE (At time of this birth): 44 YEARS

15. BIRTHPLACE (State or foreign country): Fairview, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Seven
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Iona Coleman, Mother

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 14 OZS.

19. Was a standard serological test for syphilis performed? Yes X No [ ]
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephalus - Twisting of cord 38.0

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:05 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. M. May M.D.

23b. DATE SIGNED: 1/1/54

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/29/53

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 20 1954

REGISTRAR'S SIGNATURE: Eva M. Wallin

26. FUNERAL DIRECTOR ADDRESS: Colin M. Edward ~~Hall Grant Mort. Poc.~~

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 1, Sandpoint, Idaho
d. STREET ADDRESS (If rural, give location): Rt. 1

3. CHILD'S NAME (Type or Print): Baby Girl Evans

4. SEX: Fe.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 5, 1953

7. FATHER'S NAME a. (First) b. (Middle) c. (Last): Donald Calvin Evans

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Julietta, Idaho

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Kaniksu Products

12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last): Freida Inez Perry

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Gary, Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 2
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Mrs. Donald C. Evans

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 39.6

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:12 A.M.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William C. Hayden M.D.

23b. DATE SIGNED: 10/5/53

23c. ATTENDANT'S ADDRESS: Sandpoint

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE: R. Shelley Sexton

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

25b. DATE: 10-5-53

25c. NAME OF CEMETERY OR CREMATORY: Bonner General Hosp.

25d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

26. FUNERAL DIRECTOR ADDRESS:

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FEDERAL SECURITY AGENCY
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 194
Local Reg. No. 53
Reg. Dist. No. 51

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1885 Yellowstone

3. CHILD'S NAME (Type or Print)

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): October 30, 1953

7. FATHER'S NAME: a. (First) Harold b. (Middle) A. c. (Last) Dotts
8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:
10. BIRTHPLACE (State or foreign country):
11a. USUAL OCCUPATION: Boilermaker
11b. KIND OF BUSINESS OR INDUSTRY: U. P. R. R.

12. MOTHER'S MAIDEN NAME: a. (First) Sarah b. (Middle) c. (Last) Hopper
13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS
15. BIRTHPLACE (State or foreign country): Grants Pass, Oregon
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Sarah Dotts, Mother

18a. LENGTH OF PREGNANCY: 30 WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. 5 OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Fetal asphyxiation--cord wrapped around neck. 36.0
20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none
22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:43 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. E. Merrill
23b. DATE SIGNED: Dec. 12, 1953
23c. ATTENDANT'S ADDRESS: Pocatello Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 10-31-53
25c. NAME OF CEMETERY OR CREMATORY: Mountainview
25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: FEB 26 1954
REGISTRAR'S SIGNATURE: Eva M. Wallin
26. FUNERAL DIRECTOR: Byron B. Downard
ADDRESS: Pocatello, Idaho
By B. W. Rush

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

195

State File No. 195
Local Reg. No.
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY: BENEWAH
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In their home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: BENEWAH
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Roberta Leo

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Oct. 28 53

7. FATHER'S NAME
a. (First): Hubert
b. (Middle): Samuel
c. (Last): Leo

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): DeSmet, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Marceline
b. (Middle):
c. (Last): Zachery

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Plummer, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: Four
b. How many children were born alive but are now dead?: Six
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: Three

17. INFORMANT: Mrs Hubett Samuel Leo

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
strangulation

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. E. Abegglen, D. O.

23b. DATE SIGNED: Oct. 31,53

23c. ATTENDANT'S ADDRESS: Tekoa, Washington

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 30,53

25c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Mission

25d. LOCATION (City, town, or county) (State): DeSmet, Idaho

DATE REC'D BY LOCAL REG.: Nov/ 5/1953

REGISTRAR'S SIGNATURE: Aileen J. Scott

26. FUNERAL DIRECTOR: H. B. Kimball

ADDRESS: Palouse, Washington

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